

1 STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

2 R.I. DEPARTMENT OF HEALTH

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5 PUBLIC HEARING IN RE:  
RULES AND REGULATIONS PERTAINING  
TO EMERGENCY MEDICAL SERVICES

7 \* \* \* \* \*

10

11 R.I. DEPARTMENT OF HEALTH  
12 3 CAPITOL HILL  
PROVIDENCE, RI 02908  
13 SEPTEMBER 21, 2018  
10:00 A.M.

14

15 BEFORE: SULLIVAN ROBERTS, HEARING OFFICER

16

17 ALSO PRESENT: JASON RHODES

18

CHRISTINE GOULETTE

19

20

21 M.E. HALL COURT REPORTING

22

108 WALNUT STREET

23

WARWICK, RI 02888

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(401) 461-3331

E X H I B I T S

<u>NO.</u>	<u>DESCRIPTION</u>	<u>PAGE</u>
1	NOTICE OF PUBLIC HEARING	7
2	PROPOSED REGULATIONS	7
3	PROPOSED REPEAL OF THE RULES AND REGULATIONS	8
4	EXISTING RULES AND REGULATIONS	8
5	NON-TECHNICAL AMENDMENTS TO THE REGULATIONS	8
6	LOCAL FISCAL NOTE	9
7	RIGL 23-4.1-10D	9
8	ORR E-MAIL	9

1 (COMMENCED AT 10:02 A.M.)

2 HEARING OFFICER ROBERTS:

3 Welcome. We are here today to conduct a public  
4 hearing concerning the Rules and Regulations  
5 for Emergency Medical Services. This hearing  
6 is being conducted under the provisions of  
7 Rhode Island General Laws 23-17 and 42-35.

8 Today is Friday, September 21, 2018. My name  
9 is Sullivan Roberts, Rules Coordinator for the  
10 Rhode Island Department of Health, also known  
11 as RIDOH, and I will be the Hearing Officer for  
12 today's proceeding. This is Jason Rhodes,  
13 Chief of the Center for Emergency Medical  
14 Services; and this is Christine Goulette,  
15 Assistance Director of the Division of  
16 Preparedness, Response, Infectious Disease and  
17 Emergency Medical Services.

18 Before we start, and to prevent  
19 any interruptions of the proceedings, at this  
20 time, I would like to ask to those of you with  
21 cell phones, pagers and watch alarms to turn  
22 them off or set them to silent or vibrate.

23 (PAUSE)

24 HEARING OFFICER ROBERTS: The

1                   purpose of the hearing today is to afford  
2                   interested parties an opportunity to comment on  
3                   the proposed Regulations, allow as many people  
4                   as possible to be heard, and to ensure that an  
5                   accurate record of all comments is obtained.

6                   This hearing is intended for your participation  
7                   only and is not intended to provide a forum for  
8                   discussing, debating, arguing or otherwise  
9                   having dialogue on the Regulations before us  
10                  with RIDOH personnel as part of this public  
11                  hearing.

12                  If you would like to speak, the  
13                  procedure we will use is as follows: Please  
14                  register to speak at the rear of the room.  
15                  Speakers will be taken in order of  
16                  registration. Up to five minutes will be  
17                  allowed for your presentation, unless the lack  
18                  of speakers allows for additional time. Any  
19                  interruptions due to the Stenographer's need to  
20                  clarify your testimony will not count against  
21                  your allotted time. If you are reading off a  
22                  prepared document, such as a paper copy or an  
23                  electronic version of your testimony, we  
24                  politely request that you speak clearly and at

1                   an unhurried pace so the Stenographer can  
2                   appropriately capture your testimony in its  
3                   entirety. I will indicate when you have one  
4                   minute of time remaining.

5                   If you are unable to complete  
6                   your testimony in the time allotted, you may  
7                   have an opportunity to speak if any time is  
8                   remaining after the other speakers who have  
9                   signed up complete their testimony. When you  
10                  are called, come to the podium. Identify  
11                  yourself by name and affiliation, if any.  
12                  Please spell your name and give the full name  
13                  of your organization if you used an acronym,  
14                  such as nasa. Make your presentation and make  
15                  sure to conclude within the allotted time of  
16                  five minutes. If you have a written copy of  
17                  your statement, we would appreciate if you  
18                  would provide it for the record. If you read  
19                  from an electronic version of your testimony,  
20                  we would appreciate it if you could provide a  
21                  hard copy or e-mail us your testimony.

22                  In accordance with the  
23                  requirements of the Administrative Procedures  
24                  Act, additional written comments on these

1 proposed amendments will be accepted by Friday,  
2 October 5, 2018. After the conclusion of the  
3 public comment period, RIDOH has four options  
4 under State law. The first option is to file  
5 the Regulations as posted with the Secretary of  
6 State.

7 The second option is to file  
8 with minor technical changes such as correcting  
9 spelling, punctuation, et cetera.

10 The third option is to make  
11 non-technical changes in what you see before  
12 you today, which would be addressed in RIDOH'S  
13 concise explanatory statement filed with the  
14 final Regulations and could also necessitate a  
15 new public hearing and associated public notice  
16 posting.

17 And the fourth option is to not  
18 file the proposed Regulations, in which case  
19 the current Regulations would remain in effect.  
20 Unless otherwise specified by law, regulation  
21 or at the discretion of RIDOH, once filed, the  
22 Regulations become effective 20 days after  
23 filing and have the force of law upon that  
24 date. Are there any questions on how the

public hearing will be conducted today?

( PAUSE )

HEARING OFFICER ROBERTS: At this time, for the record, we will have a presentation of exhibits. The first exhibit is the Notice of proposed rule making posted on the Rhode Island Secretary of State's and RIDOH's web sites on August 31, 2018.

(EXHIBIT 1, NOTICE OF PUBLIC

10 HEARING, MARKED)

HEARING OFFICER ROBERTS: The second exhibit is a copy of the proposed Regulations, with revisions indicated, posted to the Rhode Island Secretary of State's and RIDOH's web sites on August 31, 2018.

16 (EXHIBIT 2, PROPOSED  
17 REGULATIONS, MARKED)

18 HEARING OFFICER ROBERTS: The  
19 third exhibit is a copy of the proposed repeal  
20 of the Rules and Regulations Relating to  
21 Emergency Medical Services with strike-throughs  
22 to indicate the proposed repeal posted to the  
23 Rhode Island Secretary of State's and RIDOH's  
24 web sites on August 31, 2018.

(EXHIBIT 3, PROPOSED REPEAL OF  
THE RULES AND REGULATIONS, MARKED)

HEARING OFFICER ROBERTS: The fourth exhibit is a copy of the existing Rules and Regulations Relating to Emergency Medical Services last filed with the Rhode Island Secretary of State in April 2014.

(EXHIBIT 4, EXISTING RULES AND  
REGULATIONS, MARKED)

HEARING OFFICER ROBERTS: The fifth exhibit is the concise statement of proposed non-technical amendments to the Regulations posted to the Rhode Island Secretary of State's and RIDOH's web sites on August 31, 2018.

(EXHIBIT 5, NON-TECHNICAL

HEARING OFFICER ROBERTS: The sixth exhibit is the local fiscal note, which provides cost estimates of complying with new requirements of the Regulations to cities and towns and municipalities posted to the Rhode Island Secretary of State's and RIDOH's web sites on August 31, 2018.

1 (EXHIBIT 6, LOCAL FISCAL NOTE,  
2 MARKED)

7 (EXHIBIT 7, RIGL 23-4.1-10D,  
8 MARKED)

9 HEARING OFFICER ROBERTS: The  
10 eighth and final exhibit is a copy of the  
11 e-mail dated August 30, 2018, from the Office  
12 of Regulatory Reform to Sullivan Roberts  
13 confirming that RIDOH was authorized to move  
14 forward with promulgation of these Regulations.

(EXHIBIT 8, ORR E-MAIL, MARKED)

16 HEARING OFFICER ROBERTS: At  
17 this time, I would like to call the first  
18 speaker. Joseph Polisen?

19 MR. POLISENA: Thank you very  
20 much, Members of the Board here. Just quickly,  
21 I'm not looking for any accolades, but  
22 obviously -- I got on the fire department in  
23 1975. Retired in '96. 18 out of my 21 and a  
24 half years on rescue, so I have a little bit of

1 knowledge of rescue. Also, I was the full-time  
2 program director for the fire science program  
3 at CCRI where I currently still teach. I  
4 started in 1986. I also was elected to the  
5 State Senate for twelve years. Put in  
6 approximately 40 pieces of legislation,  
7 including the Comfort One, the AED and State  
8 Colleges and Buildings. The immunity from  
9 liability for the administration of epipens in  
10 schools. That said, obviously we, I, we all  
11 want the prehospital care providers for all of  
12 your Rhode Islanders as well as those who visit  
13 our state.

14 This Board is an advisory board,  
15 obviously. The Ambulance Service Advisory  
16 Board, which, by the way, I spent 18 years on  
17 the Board. In my belief this -- as Mayor, this  
18 Board is truly overstepping their bounds by  
19 putting costly unfunded mandates to the 39  
20 cities and towns. We, as mayors, town  
21 administrators, town managers, have just shed  
22 those ugly cost unfunded mandates through many,  
23 many years of having to put mandates to the  
24 cities and towns where our taxpayers would have

1 to foot the bill.

2 My suggestion, as Mayor and  
3 former stated Senator, is that if you want  
4 these mandates, you should do one of two  
5 things. Number one, pay for them. Fund them  
6 through the Department of Health, or number  
7 two, make them enabling so a city or town can  
8 or cannot opt to obviously go forward.

9 Please don't insult my  
10 intelligence, Board Members, by saying, Mayor,  
11 don't you want the best care for your  
12 residents? Yes, I do. We all want the best  
13 prehospital care for all of our residents, but  
14 we don't want an advisory board mandating  
15 anything to the city and town leaders.

16 I know that members of the Rhode  
17 Island State Association of Fire Fighters have  
18 tried to compromise, and unfortunately, it  
19 didn't work out. So, I have been working on  
20 something that I think is going to really help  
21 all Rhode Islanders, and that is in the next  
22 General Assembly, starting in January, that  
23 legislation is filed that when this Board wants  
24 to make changes, you have to go before the

House and Senate Oversight Committee. This way  
it's more transparent. You won't have meetings  
on primary day, and the other mayors, managers,  
town administrators, town councils, government  
can come and speak for or against this  
legislation.

I've also got the Rhode Island State Association of Fire Fighters, the League of Cities and Towns, the mayors, the town managers, the town administrators, town council presidents all agreeing that legislation needs to be filed. We will work on legislation that allow transparency, fiscal notes, and of course, ensuring that people get excellent prehospital care. So that the changes this Board makes in the future will go before the Senate Oversight Committee and House Oversight Committee and it would be nice to be transparent and open up the windows and doors to sunlight.

21 So, before any changes can be  
22 made, this is the way, you will agree I hope,  
23 that all parties will have a seat at the table  
24 including the leaders who have to pay the bill,

1 and you're looking at one. To have a physician  
2 come into my -- by the way, I'm for physicians,  
3 certified emergency room physicians being our  
4 medical directors. Absolutely. I agree with  
5 that a thousand percent.

6                   However, from what I have been  
7 told, and what I have looked at, to have a  
8 physician come into my community and take  
9 control over my EMS and tell my chief and my  
10 EMS coordinator what they can and cannot do, as  
11 well as equipment they have to purchase, is not  
12 going to happen. I will fight it to the  
13 highest court in the state. I think I have a  
14 lot of people behind me. If that's the case, I  
15 might as well as give you the keys and you can  
16 run the town hall, and you will get a lot more  
17 grey hair than you have. Take it to the bank.  
18 The other concern I have with the EVOC  
19 training -- I will give you a quick example.  
20 For 15 years I was on the rescue, and I never  
21 drove the rescue. I was a horrible driver. I  
22 was in the back as a lieutenant. One minute?  
23 If you have a fire fighter, what happens if he  
24 doesn't pass the EVOC testing?

1                   As I said, if there would have  
2                   been a compromise, I don't think I would have  
3                   been here today. Let me say this to this  
4                   Board. You have done one thing that Hillary  
5                   Clinton couldn't do, that John Kerry couldn't  
6                   do, and for those of you who remember, Henry  
7                   Kissinger couldn't do. You brought the union,  
8                   the mayors and the League of Cities and Towns  
9                   together, which is really a fete. So, you can  
10                  pat yourself on the back for that.

11                  Once again, as I said before,  
12                  you're going to be interfer with collective  
13                  bargaining agreements. Obviously, we will have  
14                  to go to arbitration. There will be costly  
15                  legal fees, and it just doesn't work. I thank  
16                  you for your time, and I hope that you  
17                  reconsider this, and work with -- obviously,  
18                  you have the Rhode Island -- strike that.  
19                  Yeah, the Rhode Island League of Cities and  
20                  Towns here. You have the Rhode Island  
21                  Association of Fire Fighters and you have the  
22                  new president of the Providence Fire Fighters,  
23                  Local 799. Any questions I would be glad to  
24                  answer it.

1 HEARING OFFICER ROBERTS: Thank  
2 you. The next speaker is Paul Casey.

3 MR. CASEY: Good morning. Paul  
4 Casey, C-A-S-E-Y, representing the Cranston  
5 Fire Department. I'm not going to be as long  
6 as Mayor Polisena. I only have two pages. I  
7 submit this written copy of my oral comments to  
8 the Rhode Island Department of Health in  
9 accordance with the provisions for public  
10 comments on the proposed substantial changes to  
11 the Emergency Services Rules and Regulations.

12 My first point is I find it  
13 concerning that Rhode Island DOH has proposed  
14 the wording, such other information as  
15 required -- as Rhode Island DOH may require.  
16 And they, that's stated in several sections of  
17 the proposal. I have the sections listed in my  
18 written statement I'm going to provide at the  
19 end. But I feel that wording is far reaching  
20 and heavy handed, too open-ended, and that is  
21 in Sections 2.5, Section 2.7, Section 2.8,  
22 Section 2.10. Two places in Section 2.10.  
23 And after a thorough review of the original  
24 proposal, I have found the EMS physician

1           medical director section has been totally  
2           removed. I feel a physician medical director  
3           for individual EMS providers is an integral  
4           part of operations, education quality assurance  
5           and accountability.

6                         I submit the following verbiage  
7           to be considered for reinsertion of the EMS  
8           medical director. That's Section 2.7,  
9           emergency medical service, physician medical  
10          director. A physician Board certified in  
11          emergency medicine and licensed to practice  
12          medicine in Rhode Island who provides guidance  
13          and continuous quality improvement for an  
14          ambulance service and its EMS practitioners.  
15          The duties of the EMS physician medical  
16          director shall be at the sole discretion of the  
17          authority having jurisdiction and the emergency  
18          medical chief of service.

19                         I also respectfully request that  
20          the fiscal note attached to the proposal be  
21          changed to reflect the insertion of a physician  
22          medical director in accordance with State law.  
23          The following section places a heavy expedited  
24          training burden on largely municipalities with

1 no timetable or grandfather clause exempting  
2 drivers of ambulances or rescues with previous  
3 years of experience and looking to have a  
4 potentially expedited training in excess of 200  
5 personnel. That is Section 2.8(f)(2). The  
6 driver of a licensed ambulance vehicle, whether  
7 layperson or licensed EMS practitioner, must  
8 have successfully completed an emergency  
9 vehicle operators course that conforms to the  
10 Department of Transportation. That is all I  
11 have to say. Thank you.

12 HEARING OFFICER ROBERTS: Thank  
13 you. The next speaker is Catherine Cummings.

14 MS. CUMMINGS: I'm not quite as  
15 formal as the last two speakers. My name is  
16 Catherine Cummings. I'm here representing the  
17 Rhode Island Medical Society, of which I'm  
18 currently treasurer. For disclosure, I'm also  
19 the president of Rhode Island American College  
20 of Emergency Physician, the Rhode Island  
21 chapter, I'm also an emergency physician. I  
22 work at both Miriam and Rhode Island Hospitals.  
23 So, that gives you some of my background. I am  
24 in general very supportive of the changes and

1           additions and deletions that were made to the  
2           proposal that's here today with one exception,  
3           and that being the requirement for basically  
4           medical direction and oversight. While I  
5           understand some of the concerns that people  
6           have, many departments really are already  
7           engaging in this type of level of support from  
8           medical directors and we want qualified medical  
9           directors to help you.

10           I mean it's working quite well,  
11           and it's working quite well across the country.  
12           In fact, nearly every other emergency type of  
13           agency is supporting this type of language.  
14           We will submit a paper later that actually  
15           outlines and gives you citations you can  
16           reference for that. So, I think it's really  
17           proven to be a very excellent way to practice.  
18           There are more and more medications, more and  
19           more procedures, more and more new equipment to  
20           keep abreast of. It is a daunting task to  
21           think that we are really starting medical care  
22           at the site when you get there. You are really  
23           are an extension of the emergency department at  
24           this point. You're not just transporters. We

rely on you. The thought that you can keep abreast of all of that information at any one time and to keep current is daunting. It's daunting for us, so let us help you. That's what we are really here to say.

6 So, if we have a lot of  
7 departments that are doing it and even  
8 nationwide, it's the thing to do. The question  
9 isn't why are we doing it. The question is why  
10 isn't everyone and every department doing it  
11 and let us help you get there. If, I have  
12 heard a little bit about there being a problem  
13 with some costs. Let us work with you. If  
14 there's problem with the language, let us work  
15 with you; but our call here today is let's help  
16 the medical directors, not just have a title,  
17 but actually spell out what we think is good  
18 medical care and good medical direction. And I  
19 think that pretty well covers what I'd like to  
20 do, but I'm also here to say that some of the  
21 breath of knowledge that we are talking about  
22 is if you think about how we have changed care  
23 for things like in the past ten years with  
24 stroke, pediatrics, trauma. You think about

1           the medical equipment that is new in the past  
2           ten years. Intraosseous IV's, all of theses  
3           things fall into this. And that concludes my  
4           statement. Thank you very much for giving me  
5           some time.

6 HEARING OFFICER ROBERTS: Thank  
7 you. The next speaker is Brian Daniels.

1                   oneroous aspects of the previous version, we  
2                   think that the current Regulations would limit  
3                   local authority and impose new unfunded  
4                   mandates. The fiscal note that was referenced  
5                   suggests there's going to be an annual  
6                   implication of \$910,000, almost a million  
7                   dollars per year, of which 450,000 is from  
8                   higher personnel costs and 450 is additional  
9                   cost to purchase vehicles. We worked on that  
10                  estimate with the Department of Health and the  
11                  Division of Municipal Finance. Our members  
12                  collected some data to form that. But they are  
13                  just estimates, and we know that the costs are  
14                  going to vary by community depending on the  
15                  individual staffing levels of that community,  
16                  the collective bargaining agreements, if  
17                  applicable, and the age of their vehicles. If  
18                  they have to purchase more vehicles, it's going  
19                  to be costly.

20                   Unfunded mandates matter from a  
21                  regulatory standpoint because cities and towns  
22                  are struggling to, with rising personnel and  
23                  health care costs, we have other State mandated  
24                  expenses. Our mayors and town managers and

1                   council presidents have faced increased  
2                   landfill fees and there's a new school  
3                   maintenance requirement that was just passed by  
4                   the Legislature. So, when you have these  
5                   rising costs from personnel and from other  
6                   State mandates, every single new mandate, every  
7                   single new cost matters because our mayors and  
8                   town managers are trying to prevent property  
9                   tax increases, that it really squeezes their  
10                  ability to balance their budgets without doing  
11                  prompt tax increases.

12                  For that reason, we agree with  
13                  Mayor Polisena's point that we think the  
14                  Ambulance Service Advisory Board should have  
15                  one municipality representative and the General  
16                  Assembly should review any unfunded mandates on  
17                  cities and towns prior to the their passage.

18                  A couple -- I will touch on a few  
19                  points that were made. First, on the medical  
20                  directors, we had original concerns with the  
21                  medical director language not because we  
22                  thought that we shouldn't have a physician  
23                  medical director. As Mayor Polisena mentioned,  
24                  that is a very important roll for EMS in our

1                   communities. What we were concerned about is  
2                   the way it was drafted would have been a very  
3                   substantial expansion of authority to include  
4                   oversight of budgets and personnel and  
5                   operations and take some of the authority away  
6                   from our EMS directors and our public safety  
7                   staff and our municipal officials. We are open  
8                   to conversations about a medical director. We  
9                   just want to make sure that it does not require  
10                  any new personnel or additional expenditures on  
11                  top of the nearly a million dollars that is  
12                  already envisioned from this.

13                   One point on clarification on the  
14                  ambulance standards, we had asked about when,  
15                  previously what are those applied to. In the  
16                  new Regulations, it clarifies that it's only  
17                  for new vehicles. That the NFPA 1917 standards  
18                  would apply to new vehicles. That's helpful  
19                  because there are members here that, there are  
20                  people who purchased used vehicles in some  
21                  communities to save money. One concern in this  
22                  language is that it says remounted ambulances  
23                  must also comply with the more stringent  
24                  standard. The fiscal note that is envisioned,

1           \$450,000 estimate, was based on new vehicles.

2           I don't know if it included the estimate for  
3           remounted vehicles. I think that the cost of  
4           that statement could be higher if we include  
5           remounted vehicles.

6           Again, we recognize the  
7           importance of emergency medical services and  
8           the Department of Health interests in the safe  
9           operations of them, but we still think these  
10          revised Regulations are an unfunded mandate on  
11          our cities and towns and we ask you to consider  
12          that moving forward. Thank you.

13           HEARING OFFICER ROBERTS: Thank  
14          you. The next speaker is Zale Kenyon -- Zach  
15          Kenyon. Apologies.

16           MR. KENYON: I will spell it for  
17          you. So, I have nothing written for you.  
18          Sorry. My name is Zacharia, Z-A-C-H-A-R-I-A,  
19          H, Kenyon, K-E-N-Y-O-N. I'm currently the  
20          acting EMS chief for the City of Providence  
21          Fire Department.

22           Two concerns. One would be the  
23          EVOC training. It seems kind of silly that on  
24          one end you're telling us that we have to have

1                   the mandatory EVOC, and on the other end of the  
2                   spectrum, you're telling us not to use lights  
3                   and sirens on non-emergent runs. It doesn't  
4                   really make sense. I would rather have EVOC  
5                   training for my daughters who continuously  
6                   knock over the light pole in my driveway. So,  
7                   that's the EVOC training to me.

8                   The other one is medical  
9                   director. Right now every single EMS entity in  
10                  the state has to have a medical director in  
11                  order to get licensed. We already have that.  
12                  Adding the extra language, to me, doesn't help,  
13                  and I don't want to hear about what's intended  
14                  and what's not intended. Intended can be  
15                  change at any point in time. Just ask  
16                  two-thirds of the married couples that get  
17                  divorced. So, I really truly believe that the  
18                  idea of having a medical director should be the  
19                  relationship that you, as a department, form  
20                  with that medical director.

21                  I, right now, am trying to get  
22                  extra medical direction, as people in the room  
23                  know, for the City of Providence to make us  
24                  better. That's the relationship I have and I'm

1                         trying to form with the hospitals to do that.  
2                         Nobody is telling me to do that. Nobody is  
3                         writing down what those people need to do for  
4                         me. I'm bringing them into the City of  
5                         Providence and saying let's make Providence EMS  
6                         better together, and I think that's really all  
7                         we need. It's already mandated that you have  
8                         to have a medical director. If you would like  
9                         to make it a licensed emergency room physician,  
10                         fine, so be it. Leave it at that. Thank you.

11                         HEARING OFFICER ROBERTS: Thank  
12                         you. The next speaker is Gary Reis.

13                         MR. REIS: Good morning. My  
14                         name is Gary Reis. I'm the president of  
15                         Med-Tech and Access Ambulance Service. In the  
16                         last five years, two ambulance services have  
17                         gone bankrupt. Two others may either be  
18                         closing or leaving Rhode Island. We do the  
19                         work nobody wants to do. Patient safety is our  
20                         first priority. It is the first priority of  
21                         everyone in this room today. But let's be  
22                         realistic. Rhode Island is the lowest  
23                         reimbursed state in the United States.  
24                         Implementing NFPA 1917, making private

1                   ambulance companies spend a quarter million  
2                   dollars more per year on a regulation that's  
3                   not been adopted, as the primary standard is  
4                   wrong and unnecessary. At the very least,  
5                   exempt private ambulances from your proposal,  
6                   if we are not allowed to provide 911 services  
7                   in the State of Rhode Island. The Ambulance  
8                   Advisory Board is made up -- out of 13 fire  
9                   fighters, out of 25 Board Members. They have  
10                  budgets that they have to follow but are in no  
11                  fear of their business going bankrupt. I do  
12                  respect what you're trying to do, but the cost  
13                  will cripple us and we will go out of business,  
14                  causing an already dangerous access to care  
15                  emergency in our state.

16                  In the last ten years, five  
17                  private ambulance companies have gone bankrupt  
18                  or closed. Adding this expensive regulation  
19                  will put us all out of business. Thank you.

20                  HEARING OFFICER ROBERTS: Thank  
21                  you. The next speaker is Adam Reese.

22                  MR. REESE: How are you? My  
23                  name is Adam Reis, R-E-I-S. I'm the  
24                  vice-president of both Med-Tech and Access

Ambulance. I wanted to piggyback on what Gary had said on a lot of these issues. We do have problems with the NFPA 1917 being adopted as the standard for new ambulances. I don't know if everybody is aware that not one state in the United States is using the 1917 standards as their primary standard for new ambulances. There's six states that even recognize NFPA, but it's in conjunction with Triple K. The rest of the country is using Triple K so I think switching to NFPA 1917 is not only unnecessary but also costly.

Our services are low in purchase. On average about ten ambulances every year. With 15,000 per truck, it's a 150,000 annually just for us. The emergency medical services continuous quality improvement coordinator that they wanted to create in theory is great and a position that should be done, but being the lowest reimbursed in the country it's not possible. I understand that it's the Department of Health's position that this will be an added position that's just absorbed by someone in a department, but for

1                   privates we provide over 100,000 transports a  
2                   year. That would be a full-time position for  
3                   us. So, we now have to pay somebody another  
4                   60,000 plus benefits just to provide that  
5                   service.

6                   The maintenance they require on  
7                   the biomedical equipment, the FDA  
8                   registrations, again, all make sense as far as  
9                   patient care but there's no way to pay for it.  
10                  We are trying to mimic Massachusetts with a lot  
11                  of the ways they run their EMS services. Their  
12                  Medicaid reimbursement is more than double than  
13                  it is in Rhode Island. The EVOC training would  
14                  be applied to all ambulance personnel. Again,  
15                  we are a private service not providing 911  
16                  services to the towns and cities. We do a lot  
17                  of dialysis transfers, doctor's appointments.  
18                  There's no need for our drivers to be EVOC  
19                  trained. We already go through CEVOC training,  
20                  Certified Emergency Vehicle Operators Course  
21                  training, which is a less stringent version of  
22                  the EVOC course. So, our drivers are being  
23                  trained, but it is totally unnecessary to train  
24                  our 400 employees on EVOC.

15 HEARING OFFICER ROBERTS: Thank  
16 you. The next speaker is Scott Pasichow.

17 MR. PASICHOW: My everyone. My  
18 name is Scott Pasichow, P-A-S-I-C-H-O-W. I'm a  
19 fourth year emergency medicine resident at  
20 Rhode Island Hospital. We also work at the  
21 Miriam Hospital. Prior to medical school, I  
22 was an EMT basic and a 911 dispatcher in the  
23 State of New Jersey, Middlesex and Monmouth  
24 Counties, as well as Newark and Jersey City. I

1                   also worked as an EMT instructor during that  
2                   time before medical school as well as during  
3                   medical school.

4                   I think there's a lot of value  
5                   that we can get from having the medical  
6                   directors be Board certified in emergency  
7                   medicine as well as Board certified in or  
8                   possibly Board certified in EMS care. And  
9                   that's really what I'm here to talk about to  
10                  make sure that that requirement remains part of  
11                  the Regulation and to reach out to the fire  
12                  departments to let you guys know that our goal,  
13                  and from what I see in the Regulations, what  
14                  the Regulations require, is that you guys are  
15                  working with us to continue to ensure that the  
16                  care that you guys are providing remains  
17                  cutting edge and remains the best in the  
18                  country.

19                  We do cutting edge things in  
20                  Rhode Island with bypassing primary stroke  
21                  centers to go to a comprehensive centers for  
22                  clot retrieval, spending 30 minutes on scene to  
23                  make sure people are well resuscitated if they  
24                  do have a cardiac arrest before bringing them

1 to the hospital. This medical director  
2 requirement is not cutting edge. It is what  
3 every state in the country is doing, and I  
4 really want to see Rhode Island step up to the  
5 plate and to make this part of the Regulations.  
6 Thank you.

7 HEARING OFFICER ROBERTS: Thank  
8 you. Next speaker is Matthew Laverette?

9 MR. LOCONTE: Matthew Loconte,  
10 L-O-C-O-N-T-E. Hi, everyone. I'm one of the  
11 second-year emergency medicine residents at  
12 Rhode Island Hospital, also working at the  
13 Miriam and Newport Hospital in our fourth  
14 years. Prior to medical school, prior to my  
15 career in medicine, I was a volunteer fire  
16 fighter and emergency medical service provider  
17 out of the State of New York, both in upstate  
18 New York in the Albany area. Also out of  
19 Westchester, New York, just north of New York  
20 City.

21 I'm here to present comments on  
22 the verbiage for medical directors in the  
23 upcoming Regulations. Oversight by a Board  
24 certified emergency medicine physician is

1 common practice throughout the United States.  
2 I think it is an integral part of the care of  
3 patients and for the prehospital providers in  
4 the State of Rhode Island. As Dr. Cummings  
5 and Dr. Pasichow mentioned, the technology,  
6 medication formulary, care environments are  
7 continually changing and continually  
8 progressing, and that goes for us as well in  
9 the emergency department. I feel that as this  
10 continues to progress and as the scope of  
11 practice for prehospital providers and for us  
12 in the emergency department continues to  
13 progress, the integration and oversight, other  
14 Board certified emergency physicians is  
15 essential to the proper care to patients and  
16 all providers in the State of Rhode Island.

17 So, I would like to make sure that we do the  
18 best by all of our patients and the care system  
19 going forward. Thank you.

20 HEARING OFFICER ROBERTS: Thank  
21 you. The next speaker is Paul Valletta.

22 MR. VALLETTA: Thank you. Good  
23 morning. I think it's a shame that we only  
24 have five minutes to talk on such an important

1 issue when we have so many people in this room  
2 on both sides of the conversation, so I think  
3 we should have more than five minutes. So, I  
4 apologize to the Stenographer, because I am  
5 going to go fast because I have a lot to say.

6 To the doctors in the audience,  
7 we agree with you. You should be part of our  
8 EMS system, but not to the level of the duties  
9 that are in here. And to the doctor that spoke  
10 and said all the departments do have medical  
11 physicians, we do, but they are not at the  
12 level that you folks and these certifications  
13 in this document give you. You should not be  
14 approving equipment, because you don't fund the  
15 money to the budget. You're not part of the  
16 budget. Do we want your input on equipment?  
17 Absolutely. But you shouldn't have final  
18 approval, and that's what this does. You  
19 shouldn't have the right to suspend or revoke a  
20 license. That would be a direct violation of  
21 Rhode Island General Law 23-4.1.9, which only  
22 gives the Director of Health the right to do  
23 that it after a hearing. We don't even have  
24 that language in this. You just can revoke

1 license without a hearing. And I know that's  
2 not the point. You're shaking your head, Doc.,  
3 but that's what it says here. And I know  
4 you're a doctor. You deal in life. But we  
5 also have to deal in life and language that  
6 affects us. I know you don't get that, but  
7 that's the reality of this document.

8 So, other things, the mutual aide  
9 section of the definitions 2.3. It just talked  
10 about shared services of ambulance services.  
11 We have two -- we have ambulance service and  
12 rescue service. We think in the mutual aide  
13 section of this document from the Department of  
14 Health, it should address mutual aide, but it  
15 should add municipal fire departments that have  
16 agreements.

17 The staff position that was added  
18 of a medical, emergency medical services  
19 coordinator should be at least the  
20 certification of the service that it is  
21 running. That is the person that would be  
22 running the EMS division. They should be, at  
23 least be what the level of EMT certification is  
24 or higher. On the medical director part, we

1                   are not -- the Rhode Island State Association  
2                   of Fire Fighters is not against having medical  
3                   directors oversee our EMS division. We want  
4                   you there. We believe it improves the system;  
5                   and it's funny, because even the people sitting  
6                   in this room that are on different sides of  
7                   this argument, we are all here for the same  
8                   reason. Usually when we have disagreements,  
9                   it's technical. There's nothing technical  
10                  about this. We all agree that we are all here  
11                  to give a better EMS service for the people in  
12                  Rhode Island. That is the difference here.  
13                  There's no doubt in my mind, if we had the  
14                  opportunity to sit down, which we have been  
15                  asking for -- if everybody got in a room and  
16                  worked this out, there's no doubt we could have  
17                  this done in an hour, but we haven't being  
18                  afforded that opportunity to do that, and it  
19                  could be done. I'm telling you it could be  
20                  done.

21                   What are our main objections to  
22                  this. We think Number 6, again, violates  
23                  23-4.19 of revoking of the license. We also  
24                  have not seen a fiscal note on the medical

1 director. That was taken out of the fiscal  
2 note because it was taken out of the original  
3 one. That would be a direct violation of Rhode  
4 Island law 22-12-1.1. That would be a direct  
5 violation of no fiscal note. In the State of  
6 Rhode Island, if any department of the State  
7 adds an unfunded mandate to a city or town, it  
8 has to have a fiscal note. If you're going to  
9 add a further mandate to the cities and towns,  
10 you have to at least let them know what they  
11 are paying for.

The other position, the other issue we take is with the EVOC straining, the emergency training. This would say that everybody on the fire department would have to go through this EVOC training. Another unfunded mandate for the cities and towns. They have already spoke to that. But it would be a violation of the Rhode Island Fire Fighters Arbitration Act, although some people might not like it, we do get to bargain for the terms and the conditions of our fire department, our fire fighters. If you added the EVOC training, that training to be a fire

1                   fighter in the State, then obviously, the  
2                   conditions of employment are changing because  
3                   that fire fighter would have to retain that to  
4                   stay as a fire fighter. So that would be a  
5                   violation and he or she could be let go.

6                   Just getting back quickly because  
7                   I know we have the docs in the room. We are  
8                   not against medical directors. We don't think  
9                   you should be taking over our EMS service. I  
10                  don't believe that was your intent, but that  
11                  what's this document says. You take over our  
12                  EMS service. We have competent people to do  
13                  that. The other thing you have to look at is  
14                  the doctor an employee of the city? Does he  
15                  get a pension? I know you're going to shake  
16                  your head. You don't want a pension. That's  
17                  the things we have to think about. If they are  
18                  going to give you money to be part of the fire  
19                  department service, then you become an  
20                  employee, whether you're classified or  
21                  unclassified. We would like you to join the  
22                  union if you do. Do they owe you health care?  
23                  Do they owe you a pension? These are the  
24                  things we have to discuss, and I think if we

1                   got to discuss them, we could settle it. Thank  
2                   you very much for your time.

3 HEARING OFFICER ROBERTS: Thank  
4 you. The next speaker is Robin Muksian.

5 MS. MUKSIAN: Robin Muksian,  
6 M-U-K-S-I-A-N, director of administration for  
7 the City of Cranston. I'm here on behalf of  
8 Mayor Fung, representing the City of Cranston.

9           We stand in opposition to this. I'm not going  
10          to repeat what was said. I think Mayor  
11          Polisena represented well from the standpoint  
12          of a chief executive of a municipality.

13 Mr. Daniels represented well across the board  
14 some of the concerns we have. Frankly, with  
15 all due respect to the doctors here, we respect  
16 the work you do tremendously; but to have local  
17 control eroded systematically in this state is  
18 extraordinarily problematic. With all due  
19 respect to this Board, it is an advisory board  
20 of a State department. This has not been  
21 vetted properly through the State legislation.  
22 This does not have the fiscal note that  
23 Mr. Valetta referred to. I can assure you of  
24 this. Mr. Daniels brought up a really

1                   interesting number. Close to \$1 million, but I  
2                   don't care how large or small your municipality  
3                   is, the cost of a rescue is the cost of the  
4                   rescue. I may be representing the second  
5                   largest city, so I might be able to absorb it a  
6                   little more, but if I'm in a small town, I'm  
7                   not going to be able to absorb that as well.

8                   Further, I can assure you that,  
9                   if tomorrow, my fire chief -- we have, I'm  
10                  looking at a bunch of municipal chiefs here.  
11                  We have huge respect for our municipal chiefs.  
12                  I don't want to speak for the Mayor. I'm  
13                  pretty certain that if any one of those fire  
14                  departments came in tomorrow and said we need  
15                  \$950,000 to ensure the safety of the residents  
16                  for the city, I can speak for my Mayor, I would  
17                  spend the money tomorrow.

18                  To have that mandated, to have a  
19                  State advisory board know what is best for 39  
20                  cities and towns is, frankly, beyond our  
21                  comprehension in Cranston. My rescue chief  
22                  spoke. I have the utmost of respect for what  
23                  he has to say. I think that most of the mayors  
24                  or town managers in this room, listen to those

1 lead officials. That's why those people are in  
2 those positions. We have an absolute concern  
3 with anything that tells the 39 cities or towns  
4 what is in their best interest or in the best  
5 interest of the people who have people them in  
6 that position to make those decisions.

7 We do work with a physicians in  
8 Cranston. We think that's a tremendous thing  
9 for the people of Cranston, but to have a  
10 physician tell us what we need to buy for an  
11 equipment. And at what cost for something  
12 else? Because that money might be in the fire  
13 budget; but if you take that money and force me  
14 to buy a rescue or a different type of a  
15 rescue, I might have to pull it away from  
16 something else my department needs for safety.  
17 Maybe it's not on the rescues. Maybe it's on  
18 the engines or the ladder. In Cranston, we  
19 pretty much do buy a rescue a year. Not every  
20 town can afford that. And it certainly  
21 wouldn't be in our position in Cranston to say  
22 that every other town should do the same.

23 With respect to this Board, I  
24 certainly ask that this be reconsidered. We do

1 not feel that one size fits all for the 39  
2 communities in this state. Thank you for your  
3 time.

4 HEARING OFFICER ROBERTS: Thank  
5 you. The next speaker is Thomas M. Carroll.

6 MR. CARROLL: Good morning. My  
7 name is Thomas Carroll. I speak today as the  
8 president of Paramedic Systems, Inc. of  
9 Bristol, Rhode Island, the current providing of  
10 911 services in that town for 31 years. I  
11 speak to you as the past president of Alert  
12 Ambulance Service. I currently serve on the  
13 Board of Directors there. Alert is a  
14 subsidiary of Paramedic Systems. Has been  
15 licensed in Massachusetts and Rhode Island  
16 since 1975. I speak to you today as a  
17 businessman, a professional care giver and a  
18 taxpayer.

19 In my capacity with Paramedic  
20 Systems and Alert, I oversee service quality.  
21 With regard to the medical director's position  
22 and the language there, I think it seriously  
23 needs revisiting. I will echo pretty much  
24 what's been stated here. Alert employs three

1                   Board certified affiliated hospital medical  
2                   directors in Massachusetts and our medical  
3                   director in Rhode Island is also emergency  
4                   Board certified. I agree with many components  
5                   of the language changes here; however, I agree  
6                   with my constituents in this room, fellow  
7                   providers in this room that it needs to be  
8                   looked at again and the language hashed out in  
9                   a more fair and economical manner.

10                  As president of Paramedic  
11                  Systems, the only 911 provider in the State --  
12                  Alert, by the way, was a former contracted 911  
13                  provider. We understand the safety hazards and  
14                  concerns outlined and addressed in this  
15                  language; however, as a taxpayer and as a  
16                  businessman, as my colleagues have stated  
17                  earlier, the mandates, while not adopted in  
18                  many states across the country, including  
19                  Massachusetts, are unfair with regard to  
20                  everyone, municipalities and private sector.

21                  I can tell you that my vehicles  
22                  are inspected in two states. Licensed in two  
23                  states. Inspected at the department as your  
24                  vehicles are inspected at the State Highway

1                   Department. They meet the current safety  
2                   standards and will continue to meet the current  
3                   safety standards; but if you invoke these  
4                   mandates without consideration for private  
5                   sector, you're -- we get our money from private  
6                   insurers, federal Medicare, et cetera. The  
7                   municipalities get their money from taxpayers  
8                   and from third-party insurers. When this cost  
9                   is implemented, the taxpayers, me, you, will  
10                  feel the increase. As a businessman -- as a  
11                  taxpayer, I know that my taxes go up to fill  
12                  whatever voids these expenses incur. As a  
13                  businessman, I don't have that luxury.  
14                  Medicare nobody is running to increase rates.  
15                  Rhode Island Medicaid rates haven't increased  
16                  in decades. It's a shame for what they are to  
17                  begin with. The landscape of HMO, ACO and  
18                  health care across the country is making our  
19                  business -- and as Gary alluded to earlier, and  
20                  Adam, it's getting more and more difficult to  
21                  provide our services. As Gary said, we do the  
22                  work that nobody else wants to do, but we also  
23                  serve as a reasonable alternative. I look  
24                  around this room. I have provided backup

1                   service to many municipal cities and towns over  
2                   the years.

3                   In Massachusetts, I am the 911  
4                   provider for municipal providers. So, please  
5                   take into consideration a reevaluation of these  
6                   Regulations, especially with regard to the  
7                   unfunded mandates. Thank you very much.

8                   HEARING OFFICER ROBERTS: Thank  
9                   you. The next speaker is Joseph Laveru, Lauro.  
10                  Apologies.

11                  MR. LAURO: Joseph Lauro,  
12                  L-A-U-R-O. Thank you for the opportunity to  
13                  speak. I am an emergency physician, an EMS  
14                  physician. I work at Miriam Hospital and  
15                  Newport Hospital. I was a former FD and Y  
16                  paramedic. I responded to 911. I worked there  
17                  for months until I went to medical school.  
18                  Since I have been in this state I have been  
19                  very active with EMS. As I think most of you  
20                  know, I'm an advocate of EMS. I'm an advocate  
21                  of the right thing to do. I have heard  
22                  everybody's comments today. I think for the  
23                  most part we are all on the same page. I think  
24                  there's been some misinterpretation of the

1 language, which I want to correct. I know I  
2 have worked with Joe and Paul. Although I'm  
3 not looking to become part of the union, I do  
4 appreciate the opportunity to join.

5 AUDIENCE: That hurts.

6 MR. LAURO: I do get it. I  
7 wrote a statement that I'm not going to read.  
8 You know, we are not trying to force anything  
9 on anybody. We do not want the ability to  
10 fire. We don't want that responsibility. We  
11 want to participate in the remediation of an  
12 employee with service medical directors; and if  
13 that requires referrals to medical affairs  
14 through the proper due process where the  
15 Department of Health makes those decisions,  
16 that is the ideal scenario. We do not want to  
17 take your job. We are not intending to be an  
18 employee of the city, as you suggested. We  
19 would love the opportunity to rewrite the  
20 language with you that clearly delineates the  
21 fact that we will not be members of the city.  
22 We will not be union members. We will not be  
23 eligible for benefits or retirement. We are  
24 more than willing to participate in that

1 language.

2 And then when someone mentioned  
3 forcing a service to buy something, that is  
4 also not what the language says. What the  
5 language should be and is intended to be is, if  
6 you're going to buy a cardiac monitor, we  
7 should participate in the selection. For  
8 example, some cardiac monitors can transmit  
9 EKG's to an emergency department to alert them  
10 of a heart attack that needs treatment. We  
11 would like to participate in that selection  
12 process. We do not want to force anybody to  
13 buy anything. If you need to buy IV pumps, we  
14 would like to participate in the selection  
15 process. We would like to rewrite the language  
16 with you so that all our needs are met and that  
17 it does not give us authority or the perceived  
18 authority that has been alluded to in this  
19 room. Now, Zach, I appreciate what you had to  
20 say about, you know, your service engaging a  
21 physician as a medical director, and yes, every  
22 service is supposed to have a physician on  
23 record, but that does not mean that every  
24 service engages a medical director. You may be

1 proactive in using your medical director for  
2 training and whatever the needs are, but there  
3 are many services that only use the physician  
4 for a medical license number and a DEA number  
5 to buy medications and controlled substances  
6 and never utilize the physician for anything  
7 beyond that.

8 And as noted by one of my  
9 colleagues, medicine is complicated. We want  
10 input into the medical care provider. We do  
11 not want authority above the service chief at  
12 all, and we do want to work together with you  
13 to alter that language.

14 As far as the cost goes, I do  
15 medical direction for multiple services; and in  
16 my experience so far, I have not found the cost  
17 to be a prohibitive factor in providing those  
18 services. I am certainly open to discussion  
19 regarding what this cost may be. It's a little  
20 hard to delineate what it actually costs for  
21 medical direction because it's different  
22 throughout the country, but I'm certainly  
23 willing to participate in those discussions.  
24 I'm, I am a reasonable person, and my main goal

1                   is for patient care and the delivery of that  
2                   care by our EMS providers. And as noted, I am  
3                   more than happy to discuss this further with  
4                   any of the involved parties. And that's it.  
5                   Thank you.

6 HEARING OFFICER ROBERTS: Thank  
7 you. The next speaker is Charles Lombardi.

8 MR. LOMBARDI: I wish to defer  
9 at this point in time.

10 HEARING OFFICER ROBERTS: Thank  
11 you. The next speaker is W.J. Sisson.

12 MR. SISSON: Good morning. My  
13 name is William Sisson, S-I-S-S-O-N. I'm the  
14 fire chief of the City of Pawtucket. I'm here  
15 today representing the Mayor of the City, Don  
16 Grebien. And we also are echoing a lot of the  
17 concerns that our colleagues have spoken about.  
18 Our number one concern in the City of Pawtucket  
19 is to our citizens and to the safety of our  
20 fire fighters. We are opposed to some of these  
21 unfunded mandates due to the fact that we are  
22 already dealing with a struggling budget to  
23 make sure that our operations run safely and  
24 properly. We spend great amounts of money on

1           our EMS service and we continue to do so. It's  
2           our number one priority.

3                 I just wish you would reconsider  
4           some of these unfunded mandates and take the  
5           fiscal impact into consideration to the cities  
6           and towns. Thank you.

7                 HEARING OFFICER ROBERTS: Thank  
8           you. The next speaker is Joseph Andreoli.

9                 MR. ANDREOLI: Thank you. And I  
10          will be brief. I'm the president of the Rhode  
11          Island State Association of Fire Fighters who  
12          represents probably 90 percent of the health  
13          care providers that we are talking about. I do  
14          agree with -- we don't mind having a medical  
15          director. We need a medical director. But as  
16          our lobbyist, Mr. Valetta, pointed out not to  
17          the degree that's in the language. And to just  
18          talk about Dr. Lauro's comments. I agree with  
19          a most of what he said, but the language does  
20          say what we interested. It's not a  
21          misinterpretation. When you read that  
22          language, it gives you clear and distinct  
23          authority over the municipalities, the mayors  
24          and the fire department. It does. Now, that

1           might not be your intent; but when it says you  
2           need to approve something, it leaves the reader  
3           with, well, if you don't approve it, it doesn't  
4           happen. And that's the long and short of why  
5           we are here, and I do agree if we got into a  
6           room, we could work this out. But we needed to  
7           get into that room -- I will be perfectly  
8           honest with you -- at the beginning of the  
9           story not now. We needed to get into that room  
10          where the leaders of the Department of Health,  
11          even before the document was drawn up, maybe  
12          they would have heard our concerns. It seems  
13          like we did it backwards. We put the agreement  
14          together or the document together and now we  
15          are trying to look at the commas and the  
16          periods and make sure it's all intact.

1           there makes your job either win or lose; and  
2           sometimes what we need maybe on the side of 295  
3           is something on a ladder truck that can show  
4           light for us on the patient. So, I do agree  
5           with the Cranston director of administration,  
6           it's a balancing act. Yeah, we might need this  
7           on the rescue, but if we don't have a good  
8           operating Jaws of Life, you can have all the  
9           equipment on that rescue; but if we can't get  
10          that patient out, the patient dies. I think we  
11          need to revisit it.

12                         One last thing on the EVOC  
13                         training, there's a cost to that. I was  
14                         here -- when I got on the job, there was no  
15                         such thing as CDL's. Then CDL's came into  
16                         play. All of the Rhode Island municipalities  
17                         were exempt from getting CDL's, even though the  
18                         equipment that we drive on a daily basis fits  
19                         the criteria for a CDL. Why did that happen?  
20                         It happened because our departments train us to  
21                         drive that and the cost of the CDL, we didn't  
22                         want that taking away from other resources  
23                         within the department. Well, you're doing the  
24                         same thing with the EVOC training. By saying

1           that the fire fighter who's trained to drive a  
2           ladder truck through the City of Providence  
3           here can't drive that rescue unless he's got  
4           EVOC training just doesn't make reality sense.  
5           Good idea on paper. Just doesn't make reality  
6           sense.

11 HEARING OFFICER ROBERTS: Thank  
12 you. The next speaker is Joe Almond Lincoln.

13 MR. ALMOND: Hi, my name is Joe  
14 Almond, A-L-M-O-N-D, and I also would like to,  
15 without repeating them, echo the comments that  
16 were given in opposition to this. The things  
17 that I would add is we represent government  
18 bodies. Municipalities are made up of home  
19 rule charters that were given to them from the  
20 General Assembly. We work closely with the  
21 General Assembly to designate our affairs, and  
22 to come here today to learn that an advisory  
23 board can make these kind of rules is  
24 disturbing, extremely disturbing, because we do

1 have a process to make these type of rules.  
2 It's called the General Assembly, and it's a  
3 process that works well when it works out in  
4 the open. So, I'm not going to criticize the  
5 rules. I don't know enough about them. I am  
6 criticizing the process. And that being that,  
7 we have to, as has been said many times, pay  
8 for these and all other services, educating  
9 children, fire departments, police department,  
10 trash pick-up. You name it. That's what we  
11 have to do, and to be, have an advisory board  
12 determine what will then become, have the same  
13 affect as law or legislation should not be  
14 happening. Thank you.

15 HEARING OFFICER ROBERTS: Thank  
16 you. Are there any other persons present who  
17 would like to make a statement concerning the  
18 proposed Regulations?

19 (PAUSE)

20 HEARING OFFICER ROBERTS: Thank  
21 you all for your attendance, and for the  
22 information you have offered, and this the  
23 hearing is now closed.

24 (HEARING CLOSED AT 11:02 A.M.)

1                   C E R T I F I C A T E

2                   I, Mary Ellen Hall, hereby certify that the  
3 foregoing is a true, accurate and complete  
4 transcript's of my notes taken at the  
above-entitled public hearing.

5                   IN WITNESS WHEREOF, I have hereunto set my  
6 hand this 26th day of September, 2018.  
7  
8  
9                   

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10                  MARY ELLEN HALL, NOTARY PUBLIC/  
11                  CERTIFIED COURT REPORTER

12                  JOB DATE: SEPTEMBER 21, 2018

13                  IN RE: EMS RULES AND REGULATIONS

**< Dates >**  
**02908 september**  
**21, 2018 10:00**  
**1:21**  
**22-12-1.1.** 37:4  
**23-4.1.9** 34:21  
**April 2014** 8:7  
**August 30, 2018**  
**9:11**  
**August 31, 2018**  
**7:8, 7:15,**  
**7:24, 8:15,**  
**8:24**  
**October 5, 2018**  
**6:2**  
**SEPTEMBER 21,**  
**2018 55:21**  
**September 21, 2018**  
**3:8**  
**September, 2018**  
**55:10**  
**\$1 40:1**  
**\$232,000 30:7**  
**\$450,000 24:1**  
**\$910,000 21:6**  
**\$950,000 40:15**  
**'96. 9:23**

**< 0 >**  
**02888 1:38**  
  
**< 1 >**  
**1 2:6, 7:9**  
**100,000 29:1**  
**108 1:37**  
**10:02 3:1**  
**11:02 54:24**  
**13 27:8**  
**15 13:20**  
**15,000 28:15**  
**150,000 28:16**  
**17 3:7, 23:17,**  
**26:24, 28:3,**  
**28:6**  
**18 9:23, 10:16**  
**19 23:17,**

<b>26:24, 28:3,</b> <b>28:6</b> <b>1917 28:11</b> <b>1975. 9:23,</b> <b>42:16</b> <b>1986. 10:4</b>  <b>&lt; 2 &gt;</b> <b>2 2:7, 7:16</b> <b>2. 17:5</b> <b>2.10. 15:22</b> <b>2.3. 35:9</b> <b>2.5 15:21</b> <b>2.7 15:21, 16:8</b> <b>2.8 15:21</b> <b>20 6:22</b> <b>200 17:4</b> <b>21 9:23</b> <b>23- 3:7</b> <b>23-4.1-10D 2:14,</b> <b>9:5, 9:7</b> <b>23-4.19 36:23</b> <b>25 27:9</b> <b>26th 55:10</b> <b>295 51:23,</b> <b>52:2</b>  <b>&lt; 3 &gt;</b> <b>3 1:20, 2:8,</b> <b>8:1</b> <b>30 31:22</b> <b>31 42:10</b> <b>39 10:19,</b> <b>20:12,</b> <b>40:19, 41:3,</b> <b>42:1</b>  <b>&lt; 4 &gt;</b> <b>4 2:10, 8:8</b> <b>40 10:6</b> <b>400 29:24</b> <b>401 1:39</b> <b>42-35. 3:7</b> <b>450 21:8</b> <b>450,000 21:7</b>	<b>461-3331 1:39</b>  <b>&lt; 5 &gt;</b> <b>5 2:11, 8:16</b>  <b>&lt; 6 &gt;</b> <b>6 2:13, 9:1,</b> <b>36:22</b> <b>60,000 29:4</b>  <b>&lt; 7 &gt;</b> <b>7 2:6, 2:7,</b> <b>2:14, 9:7</b> <b>799. 14:23</b>  <b>&lt; 8 &gt;</b> <b>8 2:9, 2:10,</b> <b>2:12, 2:15,</b> <b>9:15</b> <b>8(f)(2 17:5</b>  <b>&lt; 9 &gt;</b> <b>9 2:13, 2:14,</b> <b>2:15</b> <b>90 50:12</b> <b>911 27:6,</b> <b>29:15,</b> <b>30:22,</b> <b>42:10,</b> <b>43:11,</b> <b>43:12, 45:3</b> <b>911. 45:16</b>  <b>&lt; A &gt;</b> <b>A-L-M-O-N-D</b> <b>53:14</b> <b>A.M. 1:23, 3:1,</b> <b>54:24</b> <b>ability 22:10,</b> <b>46:9</b> <b>able 40:5, 40:7</b> <b>above 48:11</b>
--	--

**above-entitled**  
**55:7**  
**abreast 18:20,**  
**19:2**  
**absolute 41:2**  
**Absolutely 13:4,**  
**34:17**  
**absorb 40:5,**  
**40:7**  
**absorbed 28:24**  
**accepted 6:1**  
**Access 26:15,**  
**27:14, 27:24**  
**accolades 9:21**  
**accordance 5:22,**  
**15:9, 16:22**  
**accountability**  
**16:5**  
**accurate 4:5,**  
**55:5**  
**ACO 44:17**  
**acronym 5:13**  
**across 18:11,**  
**39:13,**  
**43:18, 44:18**  
**Act 5:24,**  
**37:20,**  
**51:20, 52:6**  
**acting 24:20**  
**active 45:19**  
**actually 18:14,**  
**19:17, 48:20**  
**Adam 27:21,**  
**27:23, 44:20**  
**add 35:15,**  
**37:9, 53:17**  
**added 28:23,**  
**30:7, 35:17,**  
**37:23**  
**Adding 25:12,**  
**27:18**  
**additional 4:18,**  
**5:24, 21:8,**  
**23:10**  
**additions 18:1**  
**address 30:3,**  
**35:14**  
**addressed 6:12,**

43:14  
**adds** 37:7  
**administration**  
10:9, 39:6,  
52:5  
**Administrative**  
5:23  
**administrators**  
10:21, 12:4,  
12:10  
**adopted** 27:3,  
28:3, 43:17  
**Advisory** 10:14,  
10:15,  
11:14,  
22:14, 27:8,  
39:19,  
40:19,  
53:22, 54:11  
**advocate** 45:20  
**AED** 10:7  
**affairs** 46:13,  
53:21  
**affect** 54:13  
**affects** 35:6  
**affiliated** 43:1  
**affiliation** 5:11  
**afford** 4:1,  
41:20  
**afforded** 36:18  
**age** 21:17  
**agency** 18:13  
**agree** 12:22,  
13:4, 22:12,  
34:7, 36:10,  
43:4, 43:5,  
50:14,  
50:18, 51:5,  
51:18, 52:4  
**agreeing** 12:11  
**agreement** 51:13  
**agreements**  
14:13,  
21:16, 35:16  
**aide** 35:8,  
35:12, 35:14  
**alarms** 3:21  
**Albany** 32:18

**Alert** 42:11,  
42:13,  
42:20,  
42:24,  
43:12, 47:9  
**allotted** 4:21,  
5:6, 5:15  
**allow** 4:3,  
12:13  
**allowed** 4:17,  
27:6  
**allows** 4:18  
**alluded** 44:19,  
47:18  
**Almond** 53:12,  
53:13, 53:14  
**almost** 21:6  
**alone** 30:5  
**already** 18:6,  
23:12,  
25:11, 26:7,  
27:14,  
29:19,  
37:18, 49:22  
**alter** 48:13  
**alternative** 44:23  
**Although** 37:20,  
46:2  
**Ambulance**  
10:15,  
16:14, 17:6,  
22:14,  
23:14,  
26:15,  
26:16, 27:1,  
27:7, 27:17,  
28:1, 29:14,  
30:4, 35:10,  
35:11, 42:12  
**ambulances**  
17:2, 23:22,  
27:5, 28:4,  
28:7, 28:14  
**AMENDMENTS**  
2:11, 6:1,  
8:12, 8:17  
**American** 17:19  
**amounts** 49:24

**ANDREOLI** 50:8,  
50:9  
**annual** 21:5  
**annually** 28:16  
**answer** 14:24  
**anybody** 46:9,  
47:12  
**Apologies** 24:15,  
45:10  
**apologize** 34:4  
**applicable** 21:17  
**applied** 23:15,  
29:14  
**apply** 23:18  
**appointments**  
29:17  
**appreciate** 5:17,  
5:20, 20:15,  
46:4, 47:19  
**appropriately** 5:2  
**approval** 34:18  
**approve** 51:2,  
51:3  
**approving** 34:14  
**approximately**  
10:6  
**Arbitration**  
14:14, 37:20  
**area** 32:18  
**arguing** 4:8  
**argument** 36:7  
**around** 44:24  
**arrest** 31:24  
**aspects** 21:1  
**Assembly** 11:22,  
22:16,  
53:20,  
53:21, 54:2  
**Assistance** 3:15  
**associated** 6:15  
**Association**  
11:17, 12:8,  
14:21, 36:1,  
50:11  
**assurance** 16:4  
**assure** 39:23,  
40:8  
**attached** 16:20

**attack** 47:10  
**attendance** 54:21  
**AUDIENCE** 34:6,  
46:5  
**authority** 16:17,  
21:3, 23:3,  
23:5, 47:17,  
47:18,  
48:11, 50:23  
**authorized** 9:13  
**average** 28:14  
**aware** 28:5  
**away** 23:5,  
41:15, 52:22

< B >

**B-R-I-A-N** 20:9  
**back** 13:22,  
14:10, 38:6  
**background**  
17:23  
**backup** 44:24  
**backwards** 51:13  
**balance** 22:10  
**balancing** 51:20,  
52:6  
**bank** 13:17  
**bankrupt** 26:17,  
27:11, 27:17  
**bargain** 37:21  
**bargaining**  
14:13, 21:16  
**based** 24:1  
**basic** 30:22  
**basically** 18:3  
**basis** 52:18  
**become** 6:22,  
38:19, 46:3,  
54:12  
**begin** 44:17  
**beginning** 51:8  
**behalf** 39:7  
**behind** 13:14  
**belief** 10:17  
**believe** 25:17,  
36:4, 38:10  
**benefits** 29:4,

46:23		
<b>best</b> 11:11, 11:12, 31:17, 33:18, 40:19, 41:4, 51:20	<b>budget</b> 34:15, 34:16, 41:13, 49:22	42:17, 44:18, 48:10, 49:1, 49:2, 50:13
<b>better</b> 25:24, 26:6, 36:11	<b>budgets</b> 22:10, 23:4, 27:10	<b>career</b> 32:15
<b>beyond</b> 40:20, 48:7	<b>Buildings</b> 10:8	<b>Carroll</b> 42:5, 42:6, 42:7
<b>bill</b> 11:1, 12:24	<b>bunch</b> 40:10	<b>case</b> 6:18, 13:14
<b>biomedical</b> 29:7	<b>burden</b> 16:24	<b>Casey</b> 15:2, 15:3, 15:4
<b>bit</b> 9:24, 19:12	<b>business</b> 27:11, 27:13, 27:19, 44:19	<b>Catherine</b> 17:13, 17:16
<b>black</b> 51:24	<b>businessman</b>	<b>causing</b> 27:14
<b>Board</b> 9:20, 10:14, 10:16, 10:17, 10:18, 11:10, 11:14, 11:23, 12:16, 14:4, 16:10, 22:14, 27:8, 27:9, 31:6, 31:7, 31:8, 32:23, 33:14, 39:13, 39:19, 40:19, 41:23, 42:13, 43:1, 43:4, 53:23, 54:11	42:17, 43:16, 44:10, 44:13	<b>CCRI</b> 10:3
<b>bodies</b> 53:18	<b>buy</b> 41:10, 41:14, 41:19, 47:3, 47:6, 47:13, 48:5	<b>CDL</b> 52:15, 52:17, 52:19, 52:21
<b>bounds</b> 10:18	<b>bypassing</b> 31:20	<b>cell</b> 3:21
<b>breath</b> 19:21		<b>Center</b> 3:13
<b>Brian</b> 20:7, 20:9		<b>centers</b> 31:21
<b>brief</b> 50:10		<b>certain</b> 40:13
<b>bringing</b> 26:4, 31:24		<b>certainly</b> 41:20, 41:24, 48:18, 48:22
<b>Bristol</b> 42:9		<b>certification</b>
<b>brought</b> 14:7, 39:24		35:20, 35:23
		<b>certifications</b>
		34:12
		<b>CERTIFIED</b> 13:3, 16:10, 29:20, 31:6, 31:7, 31:8, 32:24, 33:14, 43:1, 43:4, 55:18
		<b>certify</b> 55:4
		<b>cetera</b> 6:9, 44:6
		<b>CEVOC</b> 29:19
		<b>change</b> 25:15
		<b>changed</b> 16:21, 19:22
		<b>changes</b> 6:8, 6:11, 11:24, 12:15, 12:21, 15:10,
		<b>clarification</b>
		23:13

**clarifies** 23:16  
**clarify** 4:20  
**classified** 38:20  
**clause** 17:1  
**clear** 50:22  
**clearly** 4:24,  
  46:20  
**Clinton** 14:5  
**Close** 40:1  
**CLOSED** 27:18,  
  54:23, 54:24  
**closely** 53:20  
**closing** 26:18  
**clot** 31:22  
**colleagues**  
  43:16, 48:9,  
  49:17  
**collected** 21:12  
**collective** 14:12,  
  21:16  
**College** 17:19  
**Colleges** 10:8  
**Comfort** 10:7  
**commas** 51:15  
**COMMENCED** 3:1  
**comment** 4:2,  
  6:3  
**comments** 4:5,  
  5:24, 15:7,  
  15:10,  
  32:21,  
  45:22,  
  50:18, 53:15  
**Committee** 12:1,  
  12:17, 12:18  
**common** 33:1  
**communities**  
  20:20, 23:1,  
  23:21, 42:2  
**community** 13:8,  
  21:14, 21:15  
**companies** 27:1,  
  27:17  
**competent** 38:12  
**complete** 5:5,  
  5:9, 55:5  
**completed** 17:8  
**complicated** 48:9

**comply** 23:23  
**complying** 8:20  
**components** 43:4  
**comprehension**  
  40:21  
**comprehensive**  
  31:21  
**compromise**  
  11:18, 14:2  
**concern** 13:18,  
  23:21, 41:2,  
  49:18  
**concerned** 23:1  
**concerning** 3:4,  
  15:13, 54:17  
**concerns** 18:5,  
  22:20,  
  24:22,  
  39:14,  
  43:14,  
  49:17, 51:12  
**concise** 6:13,  
  8:11  
**conclude** 5:15  
**concludes** 20:3  
**conclusion** 6:2  
**conditions**  
  37:22, 38:2  
**conduct** 3:3  
**conducted** 3:6,  
  7:1  
**confirming** 9:13  
**conforms** 17:9  
**conjunction** 28:9  
**consider** 24:11  
**consideration**  
  44:4, 45:5,  
  50:5  
**considered** 16:7  
**constituents** 43:6  
**continually** 33:7  
**continue** 31:15,  
  44:2, 50:1  
**continues** 33:10,  
  33:12  
**continuous**  
  16:13, 28:17  
**continuously**

  25:5, 30:2  
**contracted** 43:12  
**control** 13:9,  
  39:17  
**controlled** 48:5  
**conversation** 34:2  
**conversations**  
  23:8  
**cooperation**  
  30:12  
**Coordinator** 3:9,  
  13:10,  
  28:18, 35:19  
**copy** 4:22,  
  5:16, 5:21,  
  7:12, 7:19,  
  8:4, 9:4,  
  9:10, 15:7  
**correct** 46:1  
**correcting** 6:8  
**cost** 8:20,  
  10:22, 21:9,  
  22:7, 24:3,  
  27:12, 30:7,  
  40:3, 41:11,  
  44:8, 48:14,  
  48:16,  
  48:19,  
  51:19,  
  52:13, 52:21  
**costly** 10:19,  
  14:14,  
  21:19, 28:12  
**costs** 19:13,  
  21:8, 21:13,  
  21:23, 22:5,  
  48:20  
**council** 12:10,  
  22:1  
**councils** 12:4  
**count** 4:20  
**Counties** 30:24  
**country** 18:11,  
  28:10,  
  28:21,  
  31:18, 32:3,  
  43:18,  
  44:18, 48:22  
**couple** 22:18  
**couples** 25:16  
**Course** 12:14,  
  17:9, 29:20,  
  29:22  
**COURT** 1:36,  
  13:13, 55:18  
**covers** 19:19  
**Cranston** 15:4,  
  39:7, 39:8,  
  40:21, 41:8,  
  41:9, 41:18,  
  41:21, 52:5  
**create** 28:18  
**cripple** 27:13  
**criteria** 52:19  
**criticize** 54:4  
**criticizing** 54:6  
**Cummings**  
  17:13,  
  17:14,  
  17:16, 33:4  
**current** 6:19,  
  19:3, 20:23,  
  21:2, 42:9,  
  44:1, 44:2  
**currently** 10:3,  
  17:18,  
  24:19, 42:12  
**cutting** 31:17,  
  31:19, 32:2  
  
**< D >**  
**D-A-N-I-E-L-S**  
  20:10  
**daily** 52:18  
**dangerous** 27:14  
**Daniels** 20:7,  
  20:8, 20:9,  
  39:13, 39:24  
**data** 21:12  
**DATE** 6:24,  
  55:21  
**dated** 9:11  
**daughters** 25:5  
**daunting** 18:20,  
  19:3, 19:4

**day** 12:3,  
55:10  
**days** 6:22  
**DEA** 48:4  
**deal** 35:4, 35:5  
**dealing** 49:22  
**debating** 4:8  
**decades** 44:16  
**decisions** 41:6,  
46:15  
**defer** 49:8  
**definitions** 35:9  
**degree** 50:17  
**deletions** 18:1  
**delineate** 48:20  
**delineates** 46:20  
**delivery** 49:1  
**Department** 1:2,  
1:19, 3:10,  
9:22, 11:6,  
15:5, 15:8,  
17:10,  
18:23,  
19:10,  
21:10, 24:8,  
24:21,  
25:19,  
28:22,  
28:24, 33:9,  
33:12,  
35:13, 37:6,  
37:15,  
37:23,  
38:19,  
39:20,  
41:16,  
43:23, 44:1,  
46:15, 47:9,  
50:24,  
51:10,  
52:23, 54:9  
**departments**  
18:6, 19:7,  
31:12,  
34:10,  
35:15,  
40:14,  
52:20, 54:9

**depending** 21:14  
**DESCRIPTION** 2:4  
**designate** 53:21  
**determine** 54:12  
**dialogue** 4:9  
**dialysis** 29:17  
**dies** 52:10  
**difference** 36:12  
**different** 36:6,  
41:14, 48:21  
**difficult** 44:20  
**direct** 34:20,  
37:3, 37:4  
**direction** 18:4,  
19:18,  
25:22,  
48:15, 48:21  
**Director** 3:15,  
10:2, 16:1,  
16:2, 16:8,  
16:10,  
16:16,  
16:22,  
20:10,  
22:21,  
22:23, 23:8,  
25:9, 25:10,  
25:18,  
25:20, 26:8,  
32:1, 34:22,  
35:24, 37:1,  
39:6, 42:21,  
43:3, 47:21,  
47:24, 48:1,  
50:15, 52:5  
**Directors** 13:4,  
18:8, 18:9,  
19:16,  
22:20, 23:6,  
31:6, 32:22,  
36:3, 38:8,  
42:13, 43:2,  
46:12  
**disagreements**  
36:8  
**disclosure** 17:18  
**discretion** 6:21,  
16:16

**discuss** 38:24,  
39:1, 49:3  
**discussing** 4:8  
**discussion** 48:18  
**discussions**  
48:23  
**Disease** 3:16  
**dispatcher** 30:22  
**distinct** 50:22  
**disturbing** 53:24  
**Division** 3:15,  
21:11,  
35:22, 36:3  
**divorced** 25:17  
**Doc** 35:2  
**docs** 38:7,  
51:21  
**doctor** 29:17,  
34:9, 35:4,  
38:14  
**doctors** 34:6,  
39:15  
**document** 4:22,  
34:13, 35:7,  
35:13,  
38:11,  
51:11, 51:14  
**DOH** 15:13,  
15:15  
**doing** 19:7,  
19:9, 19:10,  
22:10, 32:3,  
52:23  
**dollars** 21:7,  
23:11, 27:2  
**Don** 49:15  
**done** 14:4,  
28:20,  
36:17,  
36:19, 36:20  
**doors** 12:19  
**double** 29:12  
**doubt** 36:13,  
36:16  
**down** 26:3,  
36:14, 51:22  
**draft** 20:17  
**drafted** 23:2

**drawn** 51:11  
**drive** 52:18,  
52:21, 53:1,  
53:3  
**driver** 13:21,  
17:6  
**drivers** 17:2,  
29:18, 29:22  
**driveway** 25:6  
**drove** 13:21  
**due** 4:19,  
39:15,  
39:18,  
46:14, 49:21  
**during** 31:1,  
31:2  
**duties** 16:15,  
34:8

< E >  
**E-MAIL** 2:15,  
5:21, 9:11,  
9:15  
**earlier** 43:17,  
44:19  
**echo** 42:23,  
53:15  
**echoing** 49:16  
**economical** 43:9  
**edge** 31:17,  
31:19, 32:2  
**educating** 54:8  
**education** 16:4  
**effect** 6:19  
**effective** 6:22  
**eighth** 9:10  
**either** 26:17,  
52:1  
**EKG** 47:9  
**elected** 10:4  
**electronic** 4:23,  
5:19  
**eligible** 46:23  
**ELLEN** 55:4,  
55:17  
**Emergency** 1:8,  
3:5, 3:13,

3:17, 7:21,  
8:5, 13:3,  
15:11, 16:9,  
16:11,  
16:17, 17:8,  
17:20,  
17:21,  
18:12,  
18:23,  
20:19, 24:7,  
26:9, 27:15,  
28:16,  
29:20,  
30:19, 31:6,  
32:11,  
32:16,  
32:24, 33:9,  
33:12,  
33:14,  
35:18,  
37:14, 43:3,  
45:13, 47:9  
**employee** 38:14,  
38:20,  
46:12, 46:18  
**employees** 29:24  
**employment** 38:2  
**employs** 42:24  
**EMS** 13:9,  
13:10,  
15:24, 16:3,  
16:7, 16:14,  
16:15, 17:7,  
22:24, 23:6,  
24:20, 25:9,  
26:5, 29:11,  
31:8, 34:8,  
35:22, 36:3,  
36:11, 38:9,  
38:12,  
45:13,  
45:19,  
45:20, 49:2,  
50:1, 55:23  
**EMT** 30:22,  
31:1, 35:23  
**enabling** 9:5,  
11:7

**end** 15:19,  
24:24, 25:1  
**engages** 47:24  
**engaging** 18:7,  
47:20  
**engines** 41:18  
**enough** 54:5  
**ensure** 4:4,  
31:15, 40:15  
**ensuring** 12:14  
**entirety** 5:3  
**entity** 25:9  
**environments**  
33:6  
**envisioned**  
23:12, 23:24  
**epipens** 10:9  
**equipment**  
13:11,  
18:19, 20:1,  
29:7, 34:14,  
34:16,  
41:11,  
51:20, 52:9,  
52:18  
**eroded** 39:17  
**especially** 45:6  
**essential** 33:15  
**estimate** 21:10,  
24:1, 24:2  
**estimates** 8:20,  
21:13  
**et** 6:9, 44:6  
**everybody** 28:5,  
36:15,  
37:15, 45:22  
**everyone** 19:10,  
26:21,  
30:17,  
32:10, 43:20  
**EVOC** 13:18,  
13:24,  
24:23, 25:1,  
25:4, 25:7,  
29:13,  
29:18,  
29:22,  
29:24,

37:13,  
37:16,  
37:24,  
52:12,  
52:24, 53:4  
**example** 13:19,  
47:8  
**excellent** 12:14,  
18:17  
**exception** 18:2  
**excess** 17:4  
**executive** 20:10,  
39:12  
**exempt** 27:5,  
52:17  
**exempting** 17:1  
**EXHIBIT** 7:5,  
7:9, 7:12,  
7:16, 7:19,  
8:1, 8:4,  
8:8, 8:11,  
8:16, 8:19,  
9:1, 9:4,  
9:7, 9:10,  
9:15  
**exhibits** 7:5  
**EXISTING** 2:10,  
8:4, 8:8  
**expansion** 23:3  
**expedited** 16:23,  
17:4  
**expenditures**  
23:10  
**expenses** 21:24,  
44:12  
**expensive** 27:18  
**experience** 17:3,  
48:16  
**explanatory** 6:13  
**extension** 18:23  
**extra** 25:12,  
25:22  
**extraordinarily**  
39:18  
**extremely** 53:24  
  
< F >

**faced** 22:1  
**fact** 18:12,  
46:21, 49:21  
**factor** 48:17  
**fair** 43:9  
**fall** 20:3  
**far** 15:19,  
29:8, 48:14,  
48:16  
**fast** 34:5  
**FD** 45:15  
**FDA** 29:7  
**fear** 27:11  
**federal** 44:6  
**feel** 15:19,  
16:2, 33:9,  
42:1, 44:10  
**fees** 14:15,  
22:2  
**fellow** 43:6  
**fete** 14:9  
**few** 20:15,  
22:18  
**fifth** 8:11  
**fight** 13:12  
**fighter** 13:23,  
32:16, 38:1,  
38:3, 38:4,  
53:1  
**Fighters** 11:17,  
12:8, 14:21,  
14:22, 27:9,  
36:2, 37:20,  
37:23,  
49:20, 50:11  
**file** 6:4, 6:7,  
6:18  
**filed** 6:13,  
6:21, 8:6,  
11:23, 12:12  
**filings** 6:23  
**fill** 44:11  
**final** 6:14,  
9:10, 34:17  
**Finance** 21:11  
**find** 15:12  
**fine** 26:10  
**Fire** 9:22,

10:2, 11:17, 12:8, 13:23, 14:21, 14:22, 15:5, 24:21, 27:8, 31:11, 32:15, 35:15, 36:2, 37:15, 37:19, 37:22, 37:23, 37:24, 38:3, 38:4, 38:18, 40:9, 40:13, 41:12, 46:10, 49:14, 49:20, 50:11, 50:24, 53:1, 54:9	41:13, 46:8, 47:12 <b>forcing</b> 47:3 <b>foregoing</b> 55:5 <b>form</b> 21:12, 25:19, 26:1 <b>formal</b> 17:15 <b>format</b> 20:23 <b>former</b> 11:3, 43:12, 45:15 <b>formulary</b> 33:6 <b>forum</b> 4:7 <b>forward</b> 9:14, 11:8, 24:12, 33:19 <b>found</b> 15:24, 48:16 <b>four</b> 6:3 <b>fourth</b> 6:17, 8:4, 30:19, 32:13 <b>Frankly</b> 39:14, 40:20 <b>Friday</b> 3:8, 6:1 <b>full</b> 5:12 <b>full-time</b> 10:1, 29:2 <b>Fund</b> 11:5, 34:14 <b>Fung</b> 39:8 <b>funny</b> 36:5 <b>future</b> 12:16	13:15, 13:19, 34:13, 36:11, 38:18, 47:17 <b>given</b> 53:16, 53:19 <b>giver</b> 42:17 <b>gives</b> 17:23, 18:15, 34:22, 50:22 <b>giving</b> 20:4 <b>glad</b> 14:23 <b>goal</b> 31:12, 48:24 <b>Goulette</b> 1:31, 3:14 <b>government</b> 12:4, 53:17 <b>grandfather</b> 17:1 <b>great</b> 28:19, 49:24 <b>Grebien</b> 49:16 <b>grey</b> 13:17 <b>guidance</b> 16:12 <b>guys</b> 31:12, 31:14, 31:16	<b>head</b> 35:2, 38:16 <b>Health</b> 1:2, 1:19, 3:10, 11:6, 15:8, 21:10, 21:23, 24:8, 28:22, 34:22, 35:14, 38:22, 44:18, 46:15, 50:12, 51:10 <b>hear</b> 25:13 <b>heard</b> 4:4, 19:12, 45:21, 51:12 <b>heart</b> 47:10 <b>heavy</b> 15:20, 16:23 <b>help</b> 11:20, 18:9, 19:4, 19:11, 19:15, 25:12 <b>helpful</b> 23:18 <b>Henry</b> 14:6 <b>hereby</b> 55:4 <b>hereunto</b> 55:9 <b>higher</b> 21:8, 24:4, 35:24 <b>highest</b> 13:13 <b>Highway</b> 43:24 <b>HILL</b> 1:20 <b>Hillary</b> 14:4 <b>HMO</b> 44:17 <b>home</b> 53:18 <b>honest</b> 51:8 <b>hope</b> 12:22, 14:16, 53:8 <b>horrible</b> 13:21 <b>Hospital</b> 30:20, 30:21, 32:1, 32:12, 32:13, 43:1, 45:14, 45:15, 51:22 <b>Hospitals</b> 17:22,
<b>First</b> 6:4, 7:5, 9:17, 15:12, 20:17, 22:19, 26:20 <b>FISCAL</b> 2:13, 8:19, 9:1, 12:13, 16:20, 20:18, 20:21, 21:4, 23:24, 30:1, 36:24, 37:1, 37:5, 37:8, 39:22, 50:5 <b>fits</b> 42:1, 52:18 <b>five</b> 4:16, 5:16, 26:16, 27:16, 33:24, 34:3 <b>folks</b> 34:12 <b>follow</b> 27:10 <b>following</b> 16:6, 16:23 <b>follows</b> 4:13 <b>foot</b> 11:1 <b>force</b> 6:23,	<b>Frankly</b> 39:14, 40:20 <b>Friday</b> 3:8, 6:1 <b>full</b> 5:12 <b>full-time</b> 10:1, 29:2 <b>Fund</b> 11:5, 34:14 <b>Fung</b> 39:8 <b>funny</b> 36:5 <b>future</b> 12:16	<b>&lt; H &gt;</b> <b>hair</b> 13:17 <b>half</b> 9:24 <b>HALL</b> 1:36, 13:16, 55:4, 55:17 <b>hand</b> 55:10 <b>handed</b> 15:20 <b>happen</b> 13:12, 51:4, 52:19 <b>happened</b> 52:20 <b>happening</b> 54:14 <b>happens</b> 13:23 <b>happy</b> 49:3 <b>hard</b> 5:21, 48:20, 51:23 <b>getting</b> 38:6, 44:20, 52:17 <b>give</b> 5:12,	

<p>26:1  <b>hour</b> 36:17  <b>House</b> 12:1,      12:17  <b>huge</b> 40:11  <b>hurts</b> 46:5</p> <p><b>&lt; I &gt;</b></p> <p><b>idea</b> 25:18,      53:5  <b>ideal</b> 46:16  <b>Identify</b> 5:10  <b>immunity</b> 10:8  <b>impact</b> 50:5  <b>impacts</b> 20:21  <b>implement</b> 30:10  <b>implemented</b> 44:9  <b>Implementing</b>      26:24  <b>implication</b> 21:6  <b>importance</b> 24:7  <b>important</b> 20:18,      22:24, 33:24  <b>impose</b> 21:3  <b>improvement</b>      16:13, 28:17  <b>improves</b> 36:4  <b>Inc.</b> 42:8  <b>include</b> 23:3,      24:4  <b>included</b> 24:2  <b>including</b> 10:7,      12:24, 30:6,      43:18  <b>inclusion</b> 20:17  <b>increase</b> 44:10,      44:14  <b>increased</b> 22:1,      30:13, 44:15  <b>increases</b> 22:9,      22:11, 30:12  <b>incur</b> 44:12  <b>indicate</b> 5:3,      7:22  <b>indicated</b> 7:13  <b>individual</b> 16:3,      21:15</p>	<p><b>Infectious</b> 3:16  <b>information</b>      15:14, 19:2,      54:22  <b>input</b> 34:16,      48:10  <b>insertion</b> 16:21  <b>Inspected</b> 43:22,      43:23, 43:24  <b>instructor</b> 31:1  <b>insult</b> 11:9  <b>insurers</b> 44:6,      44:8  <b>intact</b> 51:16  <b>integral</b> 16:3,      33:2  <b>integration</b> 33:13  <b>intelligence</b> 11:10  <b>Intended</b> 4:6,      4:7, 25:13,      25:14, 47:5  <b>intending</b> 46:17  <b>intent</b> 38:10,      51:1  <b>interest</b> 41:4,      41:5  <b>interested</b> 4:2,      50:20  <b>interesting</b> 40:1  <b>interests</b> 24:8  <b>interfer</b> 14:12  <b>interruptions</b>      3:19, 4:19  <b>Intraosseous</b> 20:2  <b>invoke</b> 44:3  <b>involved</b> 49:4  <b>Islanders</b> 10:12,      11:21  <b>issue</b> 34:1,      37:13  <b>issues</b> 28:2  <b>IV</b> 20:2, 47:13</p> <p><b>&lt; J &gt;</b></p> <p><b>January</b> 11:22  <b>Jason</b> 1:30,      3:12</p>	<p><b>Jaws</b> 52:8  <b>Jersey</b> 30:23,      30:24  <b>JOB</b> 46:17,      51:23, 52:1,      52:14, 55:21  <b>Joe</b> 46:2,      53:12, 53:13  <b>John</b> 14:5  <b>join</b> 38:21,      46:4  <b>Joseph</b> 9:18,      45:9, 45:11,      50:8  <b>jurisdiction</b> 16:17</p> <p><b>&lt; K &gt;</b></p> <p><b>K-E-N-Y-O-N</b>      24:19  <b>K.</b> 28:9  <b>keep</b> 18:20,      19:1, 19:3  <b>Kenyon</b> 24:14,      24:15,      24:16, 24:19  <b>Kerry</b> 14:5  <b>keys</b> 13:15  <b>kind</b> 24:23,      53:23  <b>Kissinger</b> 14:7  <b>knock</b> 25:6  <b>knowledge</b> 10:1,      19:21  <b>known</b> 3:10</p> <p><b>&lt; L &gt;</b></p> <p><b>L-A-U-R-O</b> 45:12  <b>L-O-C-O-N-T-E</b>      32:10  <b>lack</b> 4:17  <b>ladder</b> 41:18,      52:3, 53:2  <b>landfill</b> 22:2  <b>landscape</b> 44:17  <b>language</b> 18:13,      19:14,</p>	<p>22:21,      23:22,      25:12,      34:24, 35:5,      42:22, 43:5,      43:8, 43:15,      46:1, 46:20,      47:1, 47:4,      47:5, 47:15,      48:13,      50:17,      50:19, 50:22  <b>large</b> 40:2  <b>largely</b> 16:24  <b>largest</b> 40:5  <b>last</b> 8:6,      17:15,      26:16,      27:16, 52:12  <b>later</b> 18:14  <b>Lauro</b> 45:9,      45:11, 46:6,      50:18  <b>Laverte</b> 32:8  <b>Laveru</b> 45:9  <b>Law</b> 6:4, 6:20,      6:23, 16:22,      34:21, 37:4,      54:13  <b>Laws</b> 3:7, 9:5  <b>layperson</b> 17:7  <b>lead</b> 41:1  <b>leaders</b> 11:15,      12:24, 51:10  <b>League</b> 12:8,      14:8, 14:19,      20:11  <b>learn</b> 53:22  <b>least</b> 27:4,      35:19,      35:23, 37:10  <b>Leave</b> 26:10  <b>leaves</b> 51:2  <b>leaving</b> 26:18  <b>legal</b> 14:15  <b>legislation</b> 10:6,      11:23, 12:6,      12:11,</p>
---	--	--	--

12:12,	29:16, 31:4,	42:15, 43:2,	47:2
39:21, 54:13	34:5, 49:16	43:19, 45:3	
<b>Legislature</b> 22:4	<b>love</b> 46:19	<b>matter</b> 21:20	<b>met</b> 47:16
<b>less</b> 29:21	<b>low</b> 28:13	<b>matters</b> 22:7	<b>Middlesex</b> 30:23
<b>level</b> 18:7,	<b>lowest</b> 26:22,	<b>Matthew</b> 32:8,	<b>million</b> 21:6,
34:8, 34:12,	28:20	32:9	23:11, 27:1,
35:23	<b>luxury</b> 44:13,	<b>Mayor</b> 10:17,	40:1
<b>levels</b> 21:15	51:21	11:2, 11:10,	<b>mimic</b> 29:10
<b>liability</b> 10:9	<b>&lt; M &gt;</b>	15:6, 20:12,	<b>mind</b> 36:13,
<b>license</b> 34:20,	<b>M-U-K-S-I-A-N</b>	22:13,	50:14
35:1, 36:23,	39:6	22:23, 39:8,	<b>minor</b> 6:8
48:4	<b>M.</b> 42:5	39:10,	<b>minute</b> 5:4,
<b>Licensed</b> 16:11,	<b>main</b> 36:21,	40:12,	13:22
17:6, 17:7,	48:24	40:16, 49:15	<b>minutes</b> 4:16,
25:11, 26:9,	<b>maintenance</b>	<b>mayors</b> 10:20,	5:16, 31:22,
42:15, 43:22	22:3, 29:6	12:3, 12:9,	33:24, 34:3
<b>lieutenant</b> 13:22	<b>managers</b> 10:21,	14:8, 21:24,	<b>Miriam</b> 17:22,
<b>Life</b> 35:4,	12:3, 12:10,	22:7, 40:23,	30:21,
35:5, 52:8	21:24, 22:8,	50:23	32:13, 45:14
<b>light</b> 25:6, 52:4	40:24	<b>mean</b> 18:10,	<b>misinterpretation</b>
<b>lights</b> 25:2	<b>mandate</b> 22:6,	47:23	45:24, 50:21
<b>limit</b> 21:2	24:10, 37:7,	<b>Med-tech</b> 26:15,	<b>money</b> 23:21,
<b>Lincoln</b> 53:12	37:9, 37:17	27:24	34:15,
<b>listed</b> 15:17	<b>mandated</b> 21:23,	<b>Medicaid</b> 29:12,	38:18,
<b>listen</b> 40:24	26:7, 40:18	44:15	40:17,
<b>little</b> 9:24,	<b>mandates</b> 10:19,	<b>Medicare</b> 44:6,	41:12,
19:12, 40:6,	10:22,	44:14	41:13, 44:5,
48:19	10:23, 11:4,	<b>medication</b> 33:6	44:7, 49:24
<b>lobbyist</b> 50:16	21:4, 21:20,	<b>medications</b>	<b>monitor</b> 47:6
<b>Local</b> 2:13,	22:6, 22:16,	18:18, 48:5	<b>monitors</b> 47:8
8:19, 9:1,	43:17, 44:4,	<b>medicine</b> 16:11,	<b>Monmouth</b> 30:23
14:23, 21:3,	45:7, 49:21,	16:12,	<b>months</b> 45:17
39:16	50:4	30:19, 31:7,	<b>morning</b> 15:3,
<b>Loconte</b> 32:9	<b>mandating</b> 11:14	32:11,	26:13,
<b>LOMBARDI</b> 49:7,	<b>mandatory</b> 25:1	32:15,	33:23, 42:6,
49:8	<b>manner</b> 43:9	32:24, 48:9	49:12
<b>long</b> 15:5, 51:4	<b>MARKED</b> 7:10,	<b>meet</b> 44:1,	<b>move</b> 9:13
<b>look</b> 38:13,	7:17, 8:2,	44:2	<b>moving</b> 24:12
44:23, 51:15	8:9, 8:17,	<b>meetings</b> 12:2	<b>MS</b> 17:14, 39:5
<b>looked</b> 13:7,	9:2, 9:8,	<b>Members</b> 9:20,	<b>Muksian</b> 39:4,
43:8	9:15	11:10,	39:5
<b>looking</b> 9:21,	<b>married</b> 25:16	11:16,	<b>multiple</b> 48:15
13:1, 17:3,	<b>MARY</b> 55:4,	20:12,	<b>Municipal</b> 21:11,
40:10, 46:3	55:17	21:11,	23:7, 35:15,
<b>lose</b> 52:1	<b>Massachusetts</b>	23:19, 27:9,	40:10,
<b>lot</b> 13:14,	29:10,	46:21, 46:22	40:11, 45:1,
13:16, 19:6,		<b>mentioned</b>	45:4
28:2, 29:10,		22:23, 33:5,	<b>Municipalities</b>
			8:22, 16:24,

30:3, 43:20, 44:7, 50:23, 52:16, 53:18	23:16, 23:17, 23:18, 24:1, 28:4, 28:7, 30:5, 30:6, 30:11, 30:23, 32:17, 32:18, 32:19	<b>notes</b> 12:13, 55:6 <b>nothing</b> 24:17, 36:9 <b>NOTICE</b> 2:6, 6:15, 7:6, 7:9 <b>Number</b> 11:5, 11:6, 20:13, 36:22, 40:1, 48:4, 49:18, 50:2	<b>officials</b> 23:7, 41:1 <b>Once</b> 6:21, 14:11 <b>One</b> 5:3, 10:7, 11:4, 11:5, 13:22, 14:4, 18:2, 19:2, 20:12, 22:15, 23:13, 23:21, 24:22, 24:24, 25:8, 28:5, 32:10, 40:13, 42:1, 48:8, 49:18, 50:2, 52:12 <b>one.</b> 13:1, 37:3 <b>onerous</b> 21:1 <b>open</b> 12:19, 23:7, 48:18, 51:17, 54:4 <b>open-ended</b> 15:20 <b>operating</b> 52:8 <b>operational</b> 20:21 <b>operations</b> 16:4, 23:5, 24:9, 49:23 <b>Operators</b> 17:9, 29:20 <b>opportunity</b> 4:2, 5:7, 36:14, 36:18, 45:12, 46:4, 46:19 <b>opposed</b> 49:20 <b>opposition</b> 39:9, 53:7, 53:16 <b>opt</b> 11:8 <b>option</b> 6:4, 6:7, 6:10, 6:17 <b>options</b> 6:3 <b>oral</b> 15:7 <b>order</b> 4:15, 25:11
<b>municipality</b> 22:15, 39:12, 40:2	<b>Newark</b> 30:24	<b>nurses</b> 51:22	
<b>mutual</b> 35:8, 35:12, 35:14	<b>Newport</b> 32:13, 45:15		
<b>&lt; N &gt;</b>	<b>Next</b> 11:21, 15:2, 17:13, 20:7, 24:14, 26:12, 27:21, 30:16, 32:8, 33:21, 39:4, 42:5, 45:9, 49:7, 49:11, 50:8, 53:12		
<b>nasa</b> 5:14	<b>NFPA</b> 23:17, 26:24, 28:3, 28:8, 28:11		
<b>nationwide</b> 19:8	<b>nice</b> 12:18		
<b>nearly</b> 18:12, 23:11	<b>night</b> 51:24		
<b>necessitate</b> 6:14	<b>NO.</b> 2:4		
<b>need</b> 4:19, 26:3, 26:7, 29:18, 30:12, 40:14, 41:10, 47:13, 50:15, 51:2, 52:2, 52:6, 52:11	<b>Nobody</b> 26:2, 26:19, 44:14, 44:22		
<b>needed</b> 51:6, 51:9	<b>non-emergent</b> 25:3		
<b>needs</b> 12:11, 41:16, 42:23, 43:7, 47:10, 47:16, 48:2	<b>NON-TECHNICAL</b> 2:11, 6:11, 8:12, 8:16		
<b>New</b> 6:15, 8:20, 14:22, 18:19, 20:1, 21:3, 22:2, 22:6, 22:7, 23:10,	<b>north</b> 32:19		
	<b>NOTARY</b> 55:17		
	<b>NOTE</b> 2:13, 8:19, 9:1, 16:20, 20:18, 21:4, 23:24, 30:1, 36:24, 37:2, 37:5, 37:8, 39:22		
	<b>noted</b> 48:8, 49:2		

**organization** 5:13  
**original** 15:23,  
  22:20, 37:2  
**originally** 20:23  
**ORR** 2:15, 9:15  
**others** 26:17  
**otherwise** 4:8,  
  6:20  
**outlined** 43:14  
**outlines** 18:15  
**oversee** 36:3,  
  42:20  
**Oversight** 12:1,  
  12:17, 18:4,  
  23:4, 32:23,  
  33:13  
**overstepping**  
  10:18  
**owe** 38:22,  
  38:23  
  
**< P >**  
**P-A-S-I-C-H-O-W**  
  30:18  
**pace** 5:1  
**PAGE** 2:4,  
  45:23  
**pagers** 3:21  
**pages** 15:6  
**paper** 4:22,  
  18:14, 53:5  
**Paramedic** 42:8,  
  42:14,  
  42:19,  
  43:10, 45:16  
**part** 4:10,  
  16:4, 31:10,  
  32:5, 33:2,  
  34:7, 34:15,  
  35:24,  
  38:18,  
  45:23, 46:3  
**participate**  
  46:11,  
  46:24, 47:7,  
  47:11,  
  47:14, 48:23

**participation** 4:6  
**particularly**  
  20:17, 20:18  
**parties** 4:2,  
  12:23, 49:4  
**Pasichow** 30:16,  
  30:17,  
  30:18, 33:5  
**pass** 13:24  
**passage** 22:17  
**passed** 22:3  
**past** 19:23,  
  20:1, 42:11  
**pat** 14:10  
**Patient** 26:19,  
  29:9, 49:1,  
  52:4, 52:10  
**patients** 33:3,  
  33:15, 33:18  
**Paul** 15:2,  
  15:3, 33:21,  
  46:2  
**PAUSE** 3:23,  
  7:2, 54:19  
**Pawtucket**  
  49:14, 49:18  
**pay** 11:5,  
  12:24, 29:3,  
  29:9, 30:13,  
  54:7  
**paying** 37:11  
**pediatrics** 19:24  
**pension** 38:15,  
  38:16, 38:23  
**people** 4:3,  
  12:14,  
  13:14, 18:5,  
  23:20,  
  25:22, 26:3,  
  31:23, 34:1,  
  36:5, 36:11,  
  37:20,  
  38:12, 41:1,  
  41:5, 41:9  
**per** 21:7, 27:2,  
  28:15  
**perceived** 47:17  
**percent** 13:5,

  50:12  
**perfectly** 51:7  
**period** 6:3  
**periods** 51:16  
**person** 35:21,  
  48:24  
**personnel** 4:10,  
  17:5, 21:8,  
  21:22, 22:5,  
  23:4, 23:10,  
  29:14  
**persons** 54:16  
**PERTAINING** 1:7  
**phones** 3:21  
**Physician** 13:1,  
  13:8, 15:24,  
  16:2, 16:9,  
  16:10,  
  16:15,  
  16:21,  
  17:20,  
  17:21,  
  22:22, 26:9,  
  32:24,  
  41:10,  
  45:13,  
  45:14,  
  47:21,  
  47:22, 48:3,  
  48:6  
**physicians** 13:2,  
  13:3, 33:14,  
  34:11, 41:7  
**pick-up** 54:10  
**pieces** 10:6  
**piggyback** 28:1  
**pitch** 51:24  
**places** 15:22,  
  16:23  
**PLANTATIONS** 1:1  
**plate** 32:5  
**play** 52:16  
**Please** 4:13,  
  5:12, 11:9,  
  45:4  
**plus** 29:4  
**podium** 5:10  
**point** 15:12,  
  22:13,  
  23:13,  
  25:15, 49:9  
**point**. 18:24,  
  35:2  
**pointed** 50:16  
**points** 20:13,  
  22:19  
**pole** 25:6  
**police** 54:9  
**Polisena** 9:18,  
  9:19, 15:6,  
  20:12,  
  22:13,  
  22:23, 39:11  
**politely** 4:24  
**position** 28:19,  
  28:22,  
  28:23, 29:2,  
  35:17,  
  37:12, 41:6,  
  41:21, 42:21  
**positions** 41:2  
**possible** 4:4,  
  28:21  
**possibly** 31:8  
**posted** 6:5,  
  7:6, 7:13,  
  7:22, 8:13,  
  8:22  
**posting** 6:16  
**potentially** 17:4  
**practice** 16:11,  
  18:17, 33:1,  
  33:11  
**practitioner** 17:7  
**practitioners**  
  16:14  
**prehospital**  
  10:11,  
  11:13,  
  12:15, 33:3,  
  33:11  
**prepared** 4:22  
**Preparedness**  
  3:16  
**PRESENT** 1:30,  
  32:21, 54:16

**presentation** 4:17, 5:14,  
7:5  
**president** 14:22,  
17:19,  
26:14, 42:8,  
42:11,  
43:10, 50:10  
**presidents** 12:11, 22:1  
**pretty** 19:19,  
40:13,  
41:19, 42:23  
**prevent** 3:18,  
22:8  
**previous** 17:2,  
21:1  
**previously** 23:15  
**primary** 12:3,  
27:3, 28:7,  
31:20  
**principles** 53:9  
**Prior** 22:17,  
30:21, 32:14  
**priority** 26:20,  
50:2  
**private** 26:24,  
27:5, 27:17,  
29:15, 30:4,  
43:20, 44:4,  
44:5  
**privates** 29:1  
**proactive** 48:1  
**probably** 50:12  
**problem** 19:12,  
19:14  
**problematic** 39:18  
**problems** 28:3  
**procedure** 4:13  
**Procedures** 5:23,  
18:19  
**proceeding** 3:12  
**proceedings** 3:19  
**process** 46:14,  
47:12,  
47:15, 54:1,  
54:3, 54:6

**professional** 42:17  
**program** 10:2  
**progress** 33:10,  
33:13  
**progressing** 33:8  
**prohibitive** 48:17  
**prompt** 22:11  
**promulgation** 9:14  
**proper** 33:15,  
46:14  
**properly** 39:21,  
49:24  
**property** 22:8  
**proposal** 15:17,  
15:24,  
16:20, 18:2,  
27:5  
**PROPOSED** 2:7,  
4:3, 6:1,  
6:18, 7:6,  
7:12, 7:16,  
7:19, 7:22,  
8:1, 8:12,  
15:10,  
15:13,  
20:22, 54:18  
**PROPOSSED** 2:8  
**proven** 18:17  
**provide** 4:7,  
5:18, 5:20,  
15:18, 27:6,  
29:1, 29:4,  
44:21  
**provided** 44:24  
**Providence** 1:1,  
1:21, 14:22,  
24:20,  
25:23, 26:5,  
53:2  
**provider** 32:16,  
43:11,  
43:13, 45:4,  
48:10  
**providers** 10:11,  
16:3, 33:3,  
33:11,

33:16, 43:7,  
45:4, 49:2,  
50:13  
**provides** 8:20,  
16:12  
**providing** 29:15,  
31:16, 42:9,  
48:17  
**provisions** 3:6,  
15:9  
**PUBLIC** 1:6,  
2:6, 3:3,  
4:10, 6:3,  
6:15, 7:1,  
7:9, 15:9,  
20:20, 23:6,  
55:7  
**PUBLIC/** 55:17  
**pull** 41:15  
**pumps** 47:13  
**punctuation** 6:9  
**purchase** 13:11,  
21:9, 21:18,  
28:14  
**purchased** 23:20  
**purpose** 4:1  
**Put** 10:5,  
10:23,  
27:19, 30:2,  
51:13  
**putting** 10:19

< Q >  
**qualified** 18:8  
**quality** 16:4,  
16:13,  
28:17, 42:20  
**quarter** 27:1  
**question** 19:8,  
19:9  
**questions** 6:24,  
14:23  
**quick** 13:19  
**quickly** 9:20,  
38:6  
**quite** 17:14,  
18:10, 18:11

< R >  
**R-E-I-S** 27:23  
**rates** 44:14,  
44:15  
**rather** 25:4  
**RE** 1:6, 55:23  
**reach** 31:11  
**reaching** 15:19  
**read** 5:18,  
46:7, 50:21  
**reader** 51:2  
**reading** 4:21  
**realistic** 26:22  
**reality** 35:7,  
53:4, 53:5  
**really** 11:20,  
14:9, 18:6,  
18:16,  
18:21,  
18:22, 19:5,  
22:9, 25:4,  
25:17, 26:6,  
31:9, 32:4,  
39:24  
**rear** 4:14  
**reason** 22:12,  
36:8  
**reasonable** 44:23, 48:24  
**recent** 20:16  
**recognize** 24:6,  
28:8  
**reconsider** 14:17, 50:3  
**reconsidered** 41:24  
**record** 4:5,  
5:18, 7:4,  
47:23  
**REESE** 27:21,  
27:22  
**reevaluation** 45:5  
**reference** 18:16  
**referenced** 20:13, 21:4  
**referrals** 46:13

<b>referred</b> 39:23	8:5	<b>rescue</b> 9:24, 10:1, 13:20, 13:21,	<b>RIDOH</b> 3:11, 4:10, 6:3, 6:21, 7:8, 7:15, 7:23, 8:14, 8:23, 9:13
<b>reflect</b> 16:21	<b>relationship</b> 25:19, 25:24	35:12, 40:3, 40:4, 40:21, 41:14,	<b>RIDOH'S</b> 6:12
<b>Reform</b> 9:12	<b>rely</b> 19:1	41:15, 41:19, 52:7, 52:9, 53:3	<b>RIGL</b> 2:14, 9:7
<b>regard</b> 42:21, 43:19, 45:6	<b>remain</b> 6:19	<b>rescues</b> 17:2, 41:17	<b>rising</b> 21:22, 22:5
<b>regarding</b> 48:19, 51:19	<b>remaining</b> 5:4, 5:8	<b>resident</b> 30:19	<b>ROBERTS</b> 1:27, 3:2, 3:9, 3:24, 7:3,
<b>register</b> 4:14	<b>remains</b> 31:10, 31:16, 31:17	11:13, 32:11, 40:15	7:11, 7:18, 8:3, 8:10,
<b>registration</b> 4:16	<b>remediation</b> 46:11	<b>resources</b> 52:22	8:18, 9:3, 9:9, 9:12, 9:16, 15:1, 17:12, 20:6, 24:13,
<b>registrations</b> 29:8	<b>remember</b> 14:6	<b>respect</b> 27:12, 39:15, 39:19,	26:11, 27:20,
<b>Regs</b> 20:16, 30:6	<b>remounted</b> 23:22, 24:3, 24:5	40:11, 40:22, 41:23	30:15, 32:7, 33:20, 39:3,
<b>Regulation</b> 6:20, 27:2, 27:18, 31:11	<b>remove</b> 20:24	<b>respectfully</b> 16:19	42:4, 45:8, 49:6, 49:10, 50:7, 53:11, 54:15, 54:20
<b>REGULATIONS</b>	<b>removed</b> 16:2	<b>responded</b> 45:16	<b>Robin</b> 39:4, 39:5
1:7, 2:7, 2:9, 2:10, 2:12, 3:4, 4:3, 4:9, 6:5, 6:14, 6:18, 6:19, 6:22, 7:13, 7:17, 7:20, 8:2, 8:5, 8:9, 8:13, 8:17, 8:21, 9:6, 9:14, 15:11, 21:2, 23:16, 24:10, 30:11, 31:13, 31:14, 32:5, 32:23, 45:6, 54:18, 55:23	<b>REPEAL</b> 2:8, 7:19, 7:22, 8:1	<b>Response</b> 3:16	<b>roll</b> 20:20, 22:24
<b>Regulatory</b> 9:12, 21:21	<b>repeat</b> 20:14, 39:10	<b>responsibility</b> 46:10	<b>room</b> 4:14, 13:3, 25:22, 26:9, 26:21, 34:1, 36:6,
<b>reimbursed</b> 26:23, 28:20	<b>repeating</b> 53:15	<b>rest</b> 28:10	36:15, 38:7, 40:24, 43:6, 43:7, 44:24, 47:19, 51:6, 51:7, 51:9, 53:8
<b>reimbursement</b> 29:12, 30:9, 30:13	<b>REPORTER</b> 55:18	<b>resuscitated</b> 31:23	<b>rule</b> 7:6, 53:19
<b>reinsertion</b> 16:7	<b>REPORTING</b> 1:36	<b>retain</b> 38:3	<b>RULES</b> 1:7, 2:8, 2:10, 3:4, 3:9, 7:20, 8:2, 8:4, 8:8,
<b>Reis</b> 26:12, 26:13, 26:14, 27:23	<b>represent</b> 53:17	<b>Retired</b> 9:23	
<b>Relating</b> 7:20,	<b>representative</b> 22:15	<b>retirement</b> 46:23	
	<b>represented</b> 39:11, 39:13	<b>retrieval</b> 31:22	
	<b>representing</b> 15:4, 17:16, 39:8, 40:4, 49:15	<b>review</b> 15:23, 22:16	
	<b>represents</b> 30:2, 50:12	<b>revised</b> 24:10	
	<b>request</b> 4:24, 16:19	<b>revisions</b> 7:13, 20:16, 20:24	
	<b>require</b> 15:15, 23:9, 29:6, 30:11, 31:14	<b>revisit</b> 52:11	
	<b>required</b> 15:15	<b>revisiting</b> 42:23	
	<b>requirement</b> 18:3, 22:3, 31:10, 32:2	<b>revoke</b> 34:19, 34:24	
	<b>requirements</b> 5:23, 8:21	<b>revoking</b> 36:23	
	<b>requires</b> 46:13	<b>rewrite</b> 46:19, 47:15	
		<b>Rhodes</b> 1:30, 3:12	
		<b>Ri</b> 1:21, 1:38	

15:11, 30:6, 53:23, 54:1, 54:5, 55:23	16:8, 16:23, 17:5, 35:9, 35:13	28:17, 29:11, 29:16, 30:4, 30:5, 35:10, 35:18, 42:10, 44:21, 48:3, 48:15, 48:18, 54:8	<b>snowy</b> 51:24 <b>Society</b> 17:17 <b>sole</b> 16:16 <b>somebody</b> 29:3 <b>someone</b> 28:24, 47:2
<b>run</b> 13:16, 29:11, 49:23	<b>Sections</b> 15:16, 15:17, 15:21	<b>set</b> 3:22, 55:9	<b>sometimes</b> 52:2
<b>running</b> 35:21, 35:22, 44:14	<b>sector</b> 43:20, 44:5	<b>settle</b> 39:1	<b>Sorry</b> 24:18
<b>runs</b> 25:3	<b>seems</b> 24:23, 51:12	<b>seventh</b> 9:4	<b>speaker</b> 9:18, 15:2, 17:13, 20:7, 24:14, 26:12, 27:21,
<b>&lt; s &gt;</b>	<b>seen</b> 36:24	<b>several</b> 15:16	30:16, 32:8, 33:21, 39:4, 42:5, 45:9, 49:7, 49:11, 50:8, 53:12
<b>S-I-S-S-O-N</b> 49:13	<b>selection</b> 47:7, 47:11, 47:14	<b>shake</b> 38:15	<b>Speakers</b> 4:15, 4:18, 5:8, 17:15
<b>safe</b> 24:8	<b>Senate</b> 10:5, 12:1, 12:17	<b>shaking</b> 35:2	<b>specified</b> 6:20
<b>safely</b> 49:23	<b>Senator</b> 11:3	<b>shall</b> 16:16	<b>spectrum</b> 25:2
<b>safety</b> 20:20, 23:6, 26:19, 40:15, 41:16, 43:13, 44:1, 44:3, 49:19	<b>sense</b> 25:4, 29:8, 53:4, 53:6	<b>shame</b> 33:23, 44:16	<b>spell</b> 5:12, 19:17, 24:16
<b>save</b> 23:21	<b>seriously</b> 42:22	<b>shared</b> 35:10	<b>spelling</b> 6:9
<b>saying</b> 11:10, 26:5, 52:24	<b>serve</b> 42:12, 44:23	<b>shed</b> 10:21	<b>spend</b> 27:1, 40:17, 49:24
<b>says</b> 23:22, 35:3, 38:11, 47:4, 51:1	<b>Service</b> 10:15, 16:9, 16:14, 16:18, 22:14, 26:15, 29:5, 29:15, 32:16, 35:11, 35:12, 35:20, 36:11, 38:9, 38:12, 38:19, 42:12, 42:20, 45:1, 46:12, 47:3, 47:20, 47:22, 47:24, 48:11, 50:1	<b>short</b> 51:4	<b>spending</b> 31:22
<b>scenario</b> 46:16	<b>Services</b> 1:8, 3:5, 3:14, 3:17, 7:21, 8:6, 15:11, 20:19, 24:7, 26:16, 27:6, 28:13,	<b>shouldn't</b> 22:22, 34:17, 34:19	<b>spent</b> 10:16
<b>scene</b> 31:22		<b>show</b> 52:3	<b>spoke</b> 34:9, 37:18, 40:22
<b>school</b> 22:2, 30:21, 31:2, 31:3, 32:14, 45:17		<b>side</b> 51:23, 52:2	<b>spoken</b> 49:17
<b>schools</b> 10:10		<b>sides</b> 34:2, 36:6	<b>squeezes</b> 22:9
<b>science</b> 10:2		<b>signed</b> 5:9	<b>staff</b> 23:7, 35:17
<b>scope</b> 33:10		<b>silent</b> 3:22	<b>staffing</b> 21:15
<b>Scott</b> 30:16, 30:18		<b>silly</b> 24:23	<b>stand</b> 39:9
<b>seat</b> 12:23		<b>simply</b> 30:8	<b>standard</b> 23:24, 27:3, 28:4, 28:7
<b>second</b> 6:7, 7:12, 40:4		<b>single</b> 22:6, 22:7, 25:9	<b>standards</b> 23:14, 23:17, 28:6, 44:2, 44:3
<b>second-year</b>		<b>sirens</b> 25:3	<b>standpoint</b>
32:11		<b>Sisson</b> 49:11, 49:12, 49:13	21:21, 39:11
<b>Secretary</b> 6:5, 7:7, 7:14, 7:23, 8:7, 8:14, 8:23		<b>sit</b> 36:14	<b>start</b> 3:18
<b>Section</b> 15:21, 15:22, 16:1,		<b>site</b> 18:22	<b>started</b> 10:4
		<b>sites</b> 7:8, 7:15, 7:24, 8:14, 8:24	
		<b>sitting</b> 36:5	
		<b>six</b> 28:8	
		<b>sixth</b> 8:19	
		<b>size</b> 42:1	
		<b>small</b> 40:2, 40:6	

<b>starting</b> 11:22, 18:21	<b>supportive</b> 17:24	48:22	16:24, 17:4, 24:23, 25:5, 25:7, 29:13, 29:19,
<b>stated</b> 11:3, 15:16, 42:24, 43:16	<b>supposed</b> 47:22	<b>timetable</b> 17:1	29:21, 30:6, 37:14,
<b>statement</b> 5:17, 6:13, 8:11, 15:18, 20:4, 24:4, 46:7, 54:17	<b>suspend</b> 34:19	<b>title</b> 19:16	37:16, 37:24, 48:2, 52:13,
<b>States</b> 26:23, 28:6, 28:8, 33:1, 43:18, 43:22, 43:23	<b>switching</b> 28:11	<b>Today</b> 3:3, 3:8, 3:12, 4:1, 6:12, 7:1, 14:3, 18:2, 19:15,	52:24, 53:4
<b>statute</b> 9:5	<b>system</b> 33:18, 34:8, 36:4	26:21, 42:7, 42:16, 45:22, 49:15, 53:22	<b>transcript</b> 55:6
<b>stay</b> 38:4	<b>systematically</b> 39:17	<b>together</b> 14:9, 26:6, 30:2, 48:12, 51:14	<b>transfers</b> 29:17
<b>Stenographer</b> 4:19, 5:1, 34:4	<b>Systems</b> 42:8, 42:14, 42:20, 43:11	<b>tomorrow</b> 40:9, 40:14, 40:17	<b>transmit</b> 47:8
<b>step</b> 32:4	<b>&lt; T &gt;</b>	<b>top</b> 23:11	<b>transparency</b> 12:13
<b>story</b> 51:9	<b>table</b> 12:23	<b>totally</b> 16:1, 29:23	<b>transparent</b> 12:2, 12:19
<b>straining</b> 37:13	<b>talked</b> 35:9	<b>touch</b> 22:18	<b>Transportation</b> 17:10
<b>STREET</b> 1:37	<b>task</b> 18:20	<b>town</b> 10:20, 10:21, 11:7, 11:15, 12:4, 12:9, 12:10, 13:16,	<b>transporters</b> 18:24
<b>strike</b> 14:18	<b>tax</b> 22:9, 22:11	21:24, 22:8, 37:7, 40:6, 40:24,	<b>transports</b> 29:1
<b>strike-throughs</b> 7:21	<b>taxes</b> 44:11	41:20, 41:22, 42:10	<b>trash</b> 54:10
<b>stringent</b> 23:23, 29:21	<b>taxpayer</b> 42:18, 43:15, 44:11	<b>Towns</b> 8:22, 10:20,	<b>trauma</b> 19:24
<b>stroke</b> 19:24, 31:20	<b>taxpayers</b> 10:24, 44:7, 44:9	10:24, 12:9, 14:8, 14:20, 20:11,	<b>treasurer</b> 17:18
<b>struggling</b> 21:22, 49:22	<b>teach</b> 10:3	21:21,	<b>treatment</b> 47:10
<b>submit</b> 15:7, 16:6, 18:14	<b>technical</b> 6:8, 36:9	22:17,	<b>tremendous</b> 41:8
<b>subsidiary</b> 42:14	<b>technology</b> 33:5	24:11,	39:16
<b>substances</b> 48:5	<b>tells</b> 41:3	29:16, 37:9, 37:17,	<b>tried</b> 11:18
<b>substantial</b> 15:10, 23:3	<b>ten</b> 19:23, 20:2, 27:16, 28:14	40:20, 41:3, 45:1, 50:6	<b>Triple</b> 28:9, 28:10
<b>successfully</b> 17:8	<b>terms</b> 37:22	<b>train</b> 29:23, 52:20	<b>truck</b> 28:15, 52:3, 53:2
<b>suggested</b> 46:18	<b>testimony</b> 4:20, 4:23, 5:2, 5:6, 5:9, 5:19, 5:21	<b>trained</b> 29:19, 29:23, 53:1	<b>true</b> 55:5
<b>suggestion</b> 11:2	<b>testing</b> 13:24	<b>training</b> 13:19,	<b>truly</b> 10:18, 25:17
<b>suggests</b> 21:5	<b>theory</b> 28:19		<b>try</b> 53:9
<b>Sullivan</b> 1:27, 3:9, 9:12	<b>theses</b> 20:2		<b>trying</b> 22:8, 25:21, 26:1, 27:12,
<b>sunlight</b> 12:20	<b>third</b> 6:10, 7:19		29:10, 46:8, 51:15
<b>support</b> 18:7	<b>third-party</b> 44:8		<b>turn</b> 3:21
<b>supported</b> 30:9	<b>Thomas</b> 42:5, 42:7		<b>twelve</b> 10:5
<b>supporting</b> 18:13	<b>thorough</b> 15:23		<b>Two</b> 11:4, 11:7, 15:6, 15:22,
	<b>though</b> 52:17		
	<b>thousand</b> 13:5		
	<b>three</b> 42:24		
	<b>throughout</b> 33:1,		

17:15,  
24:22,  
26:16,  
26:17, 30:5,  
35:11, 43:22  
**two-thirds** 25:16  
**type** 18:7,  
18:12,  
18:13,  
41:14, 54:1  
  
**< u >**  
**ugly** 10:22  
**unable** 5:5  
**unclassified**  
38:21  
**understand** 18:5,  
28:21, 43:13  
**unfair** 43:19  
**unfortunately**  
11:18  
**Unfunded** 10:19,  
10:22, 21:3,  
21:20,  
22:16,  
24:10, 37:7,  
37:17, 45:7,  
49:21, 50:4  
**unhurried** 5:1  
**union** 14:7,  
38:22, 46:3,  
46:22  
**United** 26:23,  
28:6, 33:1  
**Unless** 4:17,  
6:20, 53:3  
**unnecessary**  
27:4, 28:12,  
29:23  
**until** 45:17  
**upcoming** 32:23  
**upstate** 32:17  
**using** 28:6,  
28:10, 48:1  
**utilize** 48:6  
**utmost** 40:22

**< v >**  
**Valetta** 39:23,  
50:16  
**VALLETTA**  
33:21, 33:22  
**value** 31:4  
**vary** 21:14  
**Vehicle** 17:6,  
17:9, 29:20  
**vehicles** 21:9,  
21:17,  
21:18,  
23:17,  
23:18,  
23:20, 24:1,  
24:3, 24:5,  
43:21, 43:24  
**verbiage** 16:6,  
32:22  
**version** 4:23,  
5:19, 21:1,  
29:21  
**vetted** 39:21  
**vibrate** 3:22  
**vice-president**  
27:24  
**violates** 36:22  
**violation** 34:20,  
37:3, 37:5,  
37:19, 38:5  
**visit** 10:12  
**vital** 20:19  
**voids** 44:12  
**volunteer** 32:15  
  
**< w >**  
**WALNUT** 1:37  
**wanted** 20:15,  
28:1, 28:18  
**wants** 11:23,  
26:19, 44:22  
**WARWICK** 1:38  
**watch** 3:21  
**ways** 29:11  
**We will** 4:13,  
12:12,

14:13,  
18:14,  
27:13,  
46:21, 46:22  
**web** 7:8, 7:15,  
7:24, 8:14,  
8:23  
**Welcome** 3:3  
**Westchester**  
32:19  
**whatever** 44:12,  
48:2  
**WHEREOF** 55:9  
**whether** 17:6,  
38:20  
**will** 3:11,  
4:15, 4:16,  
4:20, 5:3,  
6:1, 7:1,  
7:4, 12:16,  
12:22,  
12:23,  
13:12,  
13:16,  
13:19,  
14:14,  
22:18,  
24:16,  
27:13,  
27:19,  
28:23,  
42:23, 44:2,  
44:9, 50:10,  
51:7, 54:12  
**William** 49:13  
**willing** 46:24,  
48:23  
**win** 52:1  
**windows** 12:19  
**wish** 49:8, 50:3  
**with a** 29:10  
**with you** 34:7,  
46:20, 47:16  
**within** 5:15,  
30:4, 52:23  
**without** 22:10,  
35:1, 44:4,  
53:15

**WITNESS** 55:9  
**wording** 15:14,  
15:19  
**work** 11:19,  
12:12,  
14:15,  
14:17,  
17:22,  
19:13,  
19:14,  
26:19,  
30:20,  
39:16, 41:7,  
44:22,  
45:14,  
48:12, 51:6,  
53:9, 53:20  
**worked** 21:9,  
31:1, 36:16,  
45:16, 46:2  
**working** 11:19,  
18:10,  
18:11,  
31:15, 32:12  
**works** 54:3  
**writing** 26:3  
**written** 5:16,  
5:24, 15:7,  
15:18, 24:17  
**wrote** 46:7  
  
**< y >**  
**year** 21:7,  
27:2, 28:15,  
29:2, 30:7,  
30:19, 41:19  
**years** 9:24,  
10:5, 10:16,  
10:23,  
13:20, 17:3,  
19:23, 20:2,  
26:16,  
27:16,  
32:14,  
42:10, 45:2  
**York** 32:17,  
32:18, 32:19

**yourself** 5:11,  
14:10

< z >  
**Z-A-C-H-A-R-I-A**  
24:18  
**Zach** 24:14,  
47:19  
**Zacharia** 24:18  
**Zale** 24:14